Medical Foster Care Services in the Statewide Medicaid Managed Care Program

Agency for Health Care Administration

November 20, 2018
Newly Covered Services

• In the new Statewide Medicaid Managed Care (SMMC) contracts, health plans are responsible for covering services that were previously only available through the fee-for-service delivery system.

• These newly covered services include:
  – Early Intervention Services
  – Medical Foster Care
  – Child Health Services Targeted Case Management
  – Nursing Facility Services for Managed Medical Assistance
Medical Foster Care Services

• This presentation focuses on the transition of Medical Foster Care (MFC) services into the SMMC program.
• There are approximately 300 children receiving MFC services.
• This service is being added to SMMC covered services to facilitate an integrated health care delivery system wherein the health plan is responsible for coordinating and paying for all of the services that the child needs.
What is MFC?

- This service provides family-based care for children with complex medical needs, under the age of 21, in foster care who cannot safely receive care in their own homes.
What is MFC?

- Medical foster parents provide a loving home and are responsible for performing most of the day to day functions necessary for the child's care.
- Medical foster homes also minimize multiple hospitalizations and help prevent these children from untoward health outcomes.
Who is Involved?

- Medical Foster Care (MFC) is a coordinated effort between Florida Medicaid, Department of Health (DOH) and the Department of Children and Families (DCF).

- The purpose of MFC is to enhance the quality of life for foster care children who have complex medical needs, allowing them to develop to their fullest potential in a home based environment.
Features of Medicaid Foster Care Services

✓ The child’s complex needs are met in a home-like setting
✓ Personalized care
✓ Enhances the child’s quality of life
✓ Maximizes advocacy for the child between the foster parents and other care providers
Who needs Medical Foster Care Services?

- **Children who might need Medical Foster Care include:**
  - Premature infants that have various complications due to the prematurity (respiratory problems, feeding problems, apnea)
  - Children with chronic problems, such as asthma, that need to be stabilized
  - Children with G-tubes who take little or no nutrition by mouth.
  - Children with potential life threatening illnesses such as HIV/AIDS, cancer, cystic fibrosis, sickle cell anemia, etc.
  - Children who have medical problems as a result of abuse or neglect (burns, fractures, Shaken Baby Syndrome).
  - Newborns who are drug exposed and require medication or treatment.
A Look into Who Receives MFC
What Do MFC Services Include?

- **Personal hygiene:** Assisting the child with bathing, grooming, oral, nail and hair care
- **Continence management:** Assisting a child who may not be mentally and physically able to properly use the bathroom
- **Dressing:** Assisting the child in selecting and putting on clothes
- **Feeding:** Assisting with self feeding
- **Ambulating:** Assisting a child’s ability to change from one position to the other and to walk independently
- **Transportation and shopping**
- **Preparing meals:** Planning and preparing meals
- **Managing medications:** Keeping medications up to date and taking meds on time and in the right dosages
- **Advocacy:** Making dependency court appearances as necessary to address the status of the child.
A Day in the Life
How to Access MFC Services

Below are the requirements for a child to receive these services:

• Currently in the foster care system
• Must be under the age of 21 years
• Must have complex medical needs
• Must be determined medically stable by a physician and able to receive care in a home setting
• Determined eligible through a Children’s Multidisciplinary Assessment Team
Children’s Multidisciplinary Assessment Team (CMAT)

The CMAT is responsible for evaluating the clinical eligibility of children under the age of 21 years referred for medical foster care services

- The CMAT program is administered by Department of Health
- The CMAT consists of a team of health care professionals who recommend a level of care for Medicaid recipients requesting medical foster care services
- The CMAT recommends a level of care based upon the child’s acuity needs. The greater acuity needs of the child, the higher the level of reimbursement that the MFC provider receives in the fee-for-service delivery system
## Medical Foster Care Services Fee Schedule

<table>
<thead>
<tr>
<th>CODE</th>
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<th>DESCRIPTION OF SERVICE</th>
<th>SERVICE MAXIMUM FEE</th>
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January 1, 2018
Who Can Provide Medical Foster Care (MFC) Services?

To provide MFC services, foster home caretakers must meet the following criteria:

- Be licensed by DCF
- Complete the MFC parent competency-based training through the DOH
- Enroll in Florida Medicaid as a provider
Medical Foster Care Services in the SMMC Program
Medical Foster Care (MFC) Services in the SMMC Program

- The majority of children receiving MFC services are currently receiving almost all of their other health services (physician visits, home health, durable medical equipment, etc.) through an MMA plan.
- This means that children receiving MFC services, their foster care parents, and the health plans have ongoing relationships and interactions now.
- This service is being added to the list of services covered in the SMMC program to continue to facilitate and promote an integrated and holistic health care delivery approach.
Transition Goals

• Key tenets/goals for the transition of this services into the SMMC program include:
  – There will be no disruption in care
  – Current MFC providers will continue to get paid
  – No child will have to change plans or transition to a new setting as a result of this transition
  – Health plans will adopt administrative simplifications to ensure a smooth transition and ongoing operations in the delivery of MFC services
Health Plan Responsibilities

To ensure a smooth transition, the Agency has specific requirements that the health plans must meet related to:

- CMAT Staffing Meetings
- Service Authorization
- Care Coordination
- Plan of Care Development
- Service Delivery Model
- Provider Network
- Continuity of Care
- Provider Reimbursement
CMAT Staffing Meetings

• Health plans **must** participate in the multidisciplinary team meetings where the level of care is developed in order to facilitate quick and timely authorization of these services.
Service Authorization of MFC Services

• Health plans are responsible for authorizing MFC services, including:
  – Initial services
  – Ongoing services
  – Level of care changes

• Health plans shall make its authorization criteria/process transparent for participants of the CMAT staffing.

• Service authorizations must be completed within contractually required timeframes:
  – Seven days for standard authorizations;
  – Two days for expedited authorizations.
Coordination of Care

- The health plans will be required to assign a care coordinator for each enrollee receiving MFC services who will assist with coordinating all of the child’s care and will be available to provide 24/7 support:

  - Track leave days, substitute providers, and recipient absence days.
  - Coordinate with the Florida Department of Health’s (DOH) CMAT and MFC teams.
  - Plan and coordinate discharges from MFC services.
Service Delivery Coordination

Health plans must work with the DOH MFC program to implement best practice and evidence based guidelines that support the delivery of MFC services.
Plan of Care Requirements

• Health plans must develop and update the MFC plan of care every 180 days (or more frequently if there is a change in the recipient’s condition)
• The health plan will share the plan of care with the MFC provider, the CBC dependency case manager, and the DOH MFC team
• The plan of care must be signed and dated by a physician who has experience serving children with complex medical needs
MFC Service Delivery Overview

CMAT receives referral from the Community Based Care (CBC) lead agency or the Medicaid health plan

CMAT schedules staffing and collaborates with stakeholders to gather clinical and psychosocial assessment information

CMAT staffing occurs to determine eligibility and level of care for MFC services; the health plan participates in the CMAT

The health plan authorizes MFC services based upon the recommended level of care

The health plan is responsible for coordinating all care and developing the MFC plan of care

The DOH MFC team continues to provide quality assurance oversight of the MFC program to ensure the MFC provider is complying with the plan of care

MFC provider delivers services to the recipient and seeks reimbursement for services provided

The health plan maintains ongoing monthly contact with the MFC provider and the DOH MFC team

The CMAT meets periodically (at least every 180 days) to assess the continued need for MFC services
Provider Network

• The health plan must ensure that it has an adequate network of MFC providers to ensure that the service can be received with reasonable promptness
  – The Agency is providing health plans with the information of all enrolled MFC providers and ensuring that health plans are contracting with the specific MFC provider serving an enrollee receiving MFC services.

• Health plans must use an expedited provider enrollment process for MFC providers that have been identified as a viable placement option for an enrollee requiring MFC services.
Provider Network – Back up Services

• Sometimes the MFC provider may become unavailable due to illness, injury, or for some other approved reason.

• The health plan will responsible for providing up to 30 days of MFC services provided by a substitute MFC provider per year, per recipient, when the primary MFC provider is unavailable to provide the service.

  – A substitute MFC provider is an individual who has received the required DOH Children’s Medical Services competency-based training and serves as a back-up for the enrollee when the primary MFC provider is unavailable.
Provider Reimbursement

• Health plans have agreed to continue to pay MFC providers the rates established on the Medicaid Medical Foster Care Services fee schedule.

• Health plans will provide training to MFC providers on how to bill for services.
Continuity of Care

• The health plans are responsible for continuity of care for new enrollees transitioning into the plan.
• Providers will be paid.
  – In the event a new enrollee is receiving prior authorized ongoing course of treatment with any provider, including authorized services under fee-for-service, the health plan must be responsible for the costs of continuation of such course of treatment
  – Plans must pay for previously authorized services for up to 60 days after the regional implementation date
  – Plans must pay providers at the rate previously received for up to 30 days
Resources
Helpful Links

• **DOH MFC Information Page:**
  

• **DCF Foster Parent Licensure Information Page:**
  
  http://www.myflfamilies.com/service-programs/foster-care
AHCA Website

• Coverage Policies:
  Medical Foster Care Services Coverage Policy

• Fee Schedules:
  Medical Foster Care Services Fee Schedule
Where Can I Find This Presentation?

www.ahca.myflorida.com/smmc
Questions?

Questions can be emailed to
flmedicaidmanagedcare@ahca.myflorida.com