MEDICAL FOSTER CARE SERVICES STATEWIDE MEDICAID MANAGED CARE PROGRAM

The Agency for Health Care Administration (Agency) contracts with Medicaid health and dental plans to provide services to health plan enrollees. The Agency recently entered into new contracts with health and dental plans that will greatly benefit enrollees and providers. This document is part of a series that highlights the program changes in the new Statewide Medicaid Managed Care (SMMC) health and dental plan contracts. With the implementation of the new SMMC contracts, health plans will be responsible for covering Medical Foster Care (MFC) services for their enrollees.

What are Medical Foster Care Services?

Medical Foster Care services provide family-based care for children who are in the care and custody of the Department of Children and Families (DCF) who have complex medical needs. Medical foster care providers are foster care parents licensed by DCF who have received special clinical training through the Department of Health (DOH) to meet the medical needs of the child. MFC providers are responsible for performing most of the day-to-day tasks necessary to meet the child's needs.

Each MFC provider maintains a comprehensive in-home case record that addresses all the care provided to the child in consultation with the child's physician. In addition to MFC services, the child may also receive other medically necessary services covered under Florida Medicaid (e.g., therapy services) that do not duplicate the services provided by the MFC provider.

Who can receive Medical Foster Care services?

Florida Medicaid recipients under the age of 21 years requiring medically necessary MFC services who meet the following criteria:

- Are able to have his or her health, safety, and well-being maintained in a foster home
- Are in the care and custody of DCF, in a voluntary placement agreement, or in extended foster care, in accordance with section 409.175, F.S.
- Have a completed staffing by the Children's Multidisciplinary Assessment Team (CMAT) at the DOH

What is the Children's Multidisciplinary Assessment Team?

The CMAT is administered by DOH and is responsible for evaluating the complex medical needs of children under 21 referred to the program. The CMAT consists of a team of health care professionals and determines levels of care for Medicaid recipients that include MFC services, nursing facility services, or participation in Florida Medicaid's Model Waiver.

Why is Medicaid adding this service to the list of SMMC health plan covered services?

Children receiving MFC services are currently enrolled in health plans and MFC services have historically been paid through the fee-for-service delivery system (outside of managed care). The inclusion of MFC services in the SMMC program is intended to facilitate an <u>integrated</u> health care delivery system where the health plans are responsible for coordinating, providing, and paying for all services that their enrollees need.

Key Information Regarding the Transition of MFC Services into the SMMC Program

The provision of MFC services is a coordinated effort between the Agency and/or its health plans, Children's Medical Services within the DOH, and the Child Welfare and Community Based Care Program within the DCF and will continue to operate largely the way it does now after this transition.

- Children enrolled in health plans will continue to receive medically necessary MFC services.
- Medical foster care services will continue to be staffed through the CMAT.
- The health plans will be required to participate in the CMAT MFC staffings when a child enrolled in the plan is being staffed.
- 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 engage with all parties involved in the MFC process to keep the lines of communication open.
- The DOH Medical Foster Care staff will continue to provide programmatic oversight, including training MFC parents, ensuring the MFC provider is complying with the plan of care, and performing routine home visits to check on the health, safety, and well-being of the child.
- The health plan will be responsible for authorizing MFC services in accordance with the level of care guidelines outlined in the Medicaid Medical Foster Care Coverage Policy and Fee Schedule.
- MFC providers can still expect to access 24 hour/ 7 days per week support from the DOH Medical Foster staff and the health plan.
- The MFC provider will have to have a contract or an agreement with the health plan to receive payment for services rendered. However, the Agency is requiring the health plans to expedite the enrollment process for MFC providers to ensure timely placement of children requiring MFC services.
- Health plans will be responsible for paying for MFC services.
- Health plans are required to provide training to the MFC provider to ensure he/she knows how to submit claims for payment.
- The Agency will provide oversight of the performance of the health plans to ensure they are complying with contractual requirements as it relates to MFC services.

Where can additional information be located?

For more detailed information regarding the role that each entity will play in the provision of Medical Foster Care services, please visit our website to view a more detailed chart.

For Florida Medicaid's policies and reimbursement rates, please refer to the <u>Medical Foster Care</u> Services Coverage Policy and Medical Foster Care Services Fee Schedule.

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