



Series:	Operating Procedures	COA: NET 4.03
		CFOP: NA
Procedure Name:	Medical and Therapeutic Foster Care Placement	
Procedure Number:	OP1130	
Revision #/Date:	NA	
Effective Date:	7/1/10	
Applicable to:	All Children in Licensed Out of Home Care	

PURPOSE: To define the procedures regarding the placement of dependent children whose medical and therapeutic needs require a higher and especially skilled/trained foster placement.

PROCEDURE:

References

BFP Procedures: OP1009, OP1064, OP1111

Definitions

“Substitute care” means out of home placements for children in which care is provided in a licensed emergency shelter home or facility, a foster family home, or a foster care or group care facility.

Scope

This operating procedure applies to dependent children in licensed out of home care placements. It describes procedures to be followed when a child is identify as being in need of placement in substitute care and that provides for both the medical, emotional and behavioral needs of that child.

Client Eligibility

- a. Dependent children who are in of out of home placement that is trained and skilled to meet both therapeutic and medical needs. For purposes of this operating procedure, a dependent child is one who has been legally adjudicated dependent by a court or one who is at imminent risk of being adjudicated dependent or for whom an abuse/neglect report has been made.
- b. The provisions of this operating procedure also extend to children already in placement who are deemed eligible to receive medical foster from Children’s Medical Foster Care/Children’s Medical Assessment Team.
- c. Medical Necessity Criteria; In accordance with Florida Administrative Code 59G-1.010 (166) medical necessity criteria means that:

1. The medical or allied care, goods, or services furnished or ordered must meet the following conditions:
 - a. Be necessary to protect life, to prevent significant illness or significant disability, or to alleviate severe pain;
 - b. Be individualized, specific and consistent with symptoms or confirmed diagnosis of the illness or injury under treatment and not in excess of the enrollee's needs;
 - c. Be consistent with generally accepted professional medical standards and determined by the Medicaid program, and not experimental or investigational;
 - d. Be reflective of the level of service that can be safely furnished, and for which no equally effective and more conservative or less costly treatment is available statewide; and
 - e. Be furnished in a manner not primarily intended for the convenience of the enrollee's caretaker, or the provider.

2. "Medically necessary" or "medical necessity" for inpatient hospital services requires that those services furnished in a hospital or inpatient basis could not, consistent with the provisions of appropriate medical care, be effectively furnished more economically on an outpatient basis or in an inpatient facility of a different type and

3. The fact that a provider has prescribed, recommended or approved medical or allied goods, or services does not, in itself, make such care, goods or services medically necessary or a covered service.

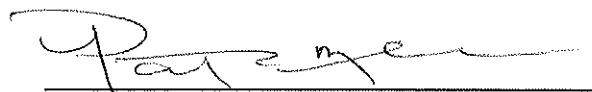
Placement Procedures

- a. If a child is determined to have needs that require both enhanced medical care and therapeutic supportive services the Intake Specialist will first refer the child to CMS/CMAT (Children's Multidisciplinary Assessment Team) for screening and approval. If the child is found to be eligible for Medical Foster Care (MFC) the MFC staff will notify BFP Intake & Placement staff. Upon approval and based on assessment of need, the Intake Specialist will review the case with the UM Program Manager or designee. Once approved the Intake Specialist will contact all contracted Child Placing Agencies (CPA) with identified homes. All efforts will be made to ensure the child is kept in his/her same school, community and that sibling groups be placed together when appropriate.

Funding Limitations

- a. Placement in a medical/therapeutic home requires prior approval from the UM Program Manager or designee. CPA contract rates will be applicable. Medical foster care services will be approved and billed through Medicaid services. A board rate of \$70.00 per day will be provided to the foster parent in order to provide support and care for the child. This rate is applicable only to children deemed eligible for this enhanced rate of care.

BY DIRECTION OF THE CHIEF EXECUTIVE
OFFICER:



DR. PATRICIA NELLIUS-GUTHRIE
Chief Executive Officer
Brevard Family Partnership

APPROVAL DATE: 10/4/10