

## PROCEDURE

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<b>Series:</b>	<b>Operating Procedures</b>	<b>COA: NET 4.03</b> <b>CFOP: NA</b>
<b>Procedure Name:</b>	Medical and Therapeutic Foster Care Placement	
<b>Procedure Number:</b>	OP1130	
<b>Review Date:</b>	02/03/12, 07/08/15, 01/13/17, 03/09/2020	
<b>Revision #/Date:</b>	NA	
<b>Effective Date:</b>	7/1/10	
<b>Applicable to:</b>	All Children in Licensed Out of Home Care	

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**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. This operating procedure specifically applies to children who are under the primary supervision of Brevard Family Partnership as the Lead Agency.

### PROCEDURE:

#### **References**

BFP Procedures: OP1009, OP1064, OP1111  
F.A.C 59G-1.010

#### **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 identified as being in need of placement in substitute care that provides for both the medical, emotional and behavioral needs of that child.

#### **Client Eligibility**

- a. Dependent children in licensed care. 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. Criteria for therapeutic foster care is set forth by the Agency for Health Care Administration, Florida Medicaid, Specialized Therapeutic Services Coverage and Limitations Handbook.
- c. The provisions of this operating procedure also extend to children already in placement who are deemed eligible to receive medical foster care from Children’s Medical Foster Care/Children’s Medical Assessment Team. Florida’s Medical Foster Care (MFC) is a coordinated effort between the Florida Medicaid Program within the Agency for Health

Care Administration, the Children's Medical Services (CMS), Department of Health and the Child Welfare and Community Based Care Program within the Department of Children and Families (DCF). The purpose of MFC is to enhance the quality of life for medically complex foster children allowing them to develop to their fullest potential in a home-based program. The program provides family-based care for medically complex children, under the age of 21, in foster care who cannot safely receive care in their own homes. They must be identified as needing medically necessary services to meet their medical complex condition, be in the custody of DCF, and be medically stable for care in the home setting. The MFC Program establishes and supervises the oversight and training of foster parents to provide MFC services for children with medically complex needs

- d. **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, ensure 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 Children's Multidisciplinary Assessment Team (CMAT) for screening and approval. If the child is found to be eligible for Medical Foster Care (MFC) the MFC staff will notify BFP Intake and Placement staff. Upon approval and based on assessment of need, the Intake Specialist will review the case with the Director of Intake, Placement and Assessment or designee. 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 Director of Intake, Placement and Assessment or designee. Medical foster care services will be approved and billed through Medicaid services.

BY DIRECTION OF THE CHIEF EXECUTIVE  
OFFICER:



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PHILIP J. SCARPELLI  
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Brevard Family Partnership Family of Agencies

APPROVAL DATE: [4/21/2020](#)