



FLORIDA DEPARTMENT
OF CHILDREN AND FAMILIES
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AGENCY FOR HEALTH CARE ADMINISTRATION

Medical Foster Care Program

If you encounter a child in shelter care or foster care with a special medical need, please make a referral to the Children's Multidisciplinary Assessment Team (CMAT) at your local Children's Medical Services office to ensure an appropriate home placement, in accordance with Chapter 65C-28.004, Florida Administrative Code; Placement Matching. Anyone can refer a child to the CMAT.

Phone Numbers for the 10 CMAT teams:

Pensacola	(850) 484-5040
Tallahassee	(850) 487-2604
Gainesville	(352) 334-1400
Jacksonville	(904) 360-7070
Tampa	(813) 396-9696
Pinellas Park	(727) 217-7800
Orlando	(407) 858-5555
Ft. Lauderdale	(954) 713-3100
Ft. Myers	(239) 433-6723
Miami	(305) 349-1330

What happens when a referral to CMAT is made?

The child is staffed by the CMAT team. This is an interagency group charged with the task of providing recommendations for long-term care services for children with chronic medical conditions, based on what is medically necessary for the child. The team must agree that the child is eligible for Medical Foster Care services.

Why Medical Foster Care?

Medical Foster Care (MFC) was established by the Department of Children and Families (DCF) Child Welfare Program, the Department of Health Children's Medical Services Program and the Agency for Healthcare Administration Medicaid Program to provide family-based care for chronically ill children under the age of 21, who are in the custody of the authorized agent (Community Based Care agency or Protective Investigator) or in Extended Foster Care within DCF. The MFC Program insures the following for these special children:

- It is the most cost-effective service for medically complex and medically fragile foster children in Florida.
- Special needs children have significantly better outcomes when their care is provided by a loving, trained and supported foster parent in a family home setting, as opposed to hospitalization, nursing home, private duty nursing, or a traditional foster parent who must work and use daycare and who lacks the support of care coordination and medical direction.

- MFC parents are providers of Medicaid and are reimbursed for their MFC services, allowing them to be stay-at-home parents, if they choose. Some do work, but arrange for in-home baby-sitters. Developmental daycare may be used if it is for the benefit of the child and is medically cleared.
- The MFC Nurse, Social Worker and Medical Director provide close oversight of the child's medical and developmental care.
- Specially trained MFC parents insure all of the child's needs are met.
- MFC parents provide close observation of the child's medical status, all transportation of the child and documentation of all provided medical care.
- The MFC Program supports the case plan/permanency goal for the child. MFC parents provide child-specific care training to the birth parents, family members or adoptive parents. The MFC Nurse then validates successful return demonstration of their learned skills.
- The MFC Program provides home visits, and a 24-hour on-call service for after-hour referrals and for MFC parents' after-hour concerns.

How are children placed in Medical Foster Care homes?

Following an assessment of the child, the MFC Medical Director is charged with recommending the placement of all children entering a MFC home, including traditional foster children. This was established to prevent contraindicated medical conditions from cohabitating in the home to prevent the illness and death of foster children. In most cases, the mixing of traditional healthy foster children and MFC children in MFC homes is encouraged, because it is good for the children. A dually-qualified Therapeutic MFC home may be recommended for medically complex children with behavioral disorders. The placement recommendation is then provided to DCF or their contracted agents who are the placement authority for all children in out-of-home care.

If the MFC home cannot safely receive the child immediately, the MFC team will help access Medicaid Observation Services at the hospital while the MFC home is prepared for the child. All medical orders, medications, medical equipment, and child-specific training of the caregiver will be obtained and completed in order to make it a safe placement for the medically complex or medically fragile foster child. If an urgent placement need exists and a MFC bed is available, referred children can be placed in a MFC home within 24 to 48 hours in many cases. If no suitable MFC bed is available in the local area, the MFC team will ask the placement authority if a MFC bed in another area of the state is desired. If so, the MFC team will attempt to find one, and will coordinate with the receiving area MFC team for a safe transfer and placement of the child.

If no appropriate MFC bed is available in the state, the child will be put on a waiting list for MFC. In most of these cases, the child's Managed Medical Assistance (MMA) Program will provide wrap-around services in a traditional foster home.

What are the benefits of Medical Foster Care for Community Based Care providers?

- Increasing the quality of care for the medically complex or medically fragile foster child.
- Decreasing the agency's liability and risk management concerns due to the increased oversight of the MFC staff.
- Medical Foster Care is a local resource, with 17 MFC teams throughout the state.
- Costs savings, as highly enhanced board rates for special needs foster children are unnecessary in MFC, due to the Medicaid reimbursement to the MFC parent. All MFC children receive the same board rate as traditional foster children, ages 13 – 18.

- Increased stability of placement for special-needs children while in foster care due to MFC parents' care-giving skills, MFC Program support and after-hours availability.
- Parent-to-parent training and role-modeling of the medical care-giving skills needed to safely care for the child is less intimidating to birth parents, making more successful reunifications of special needs children possible.
- All activities with the MFC child are well documented by MFC parents and staff, including parents' behavior during visitations and child-specific training sessions. This documentation has proven to be useful in family court in both termination of parental rights (TPR) and reunification proceedings.
- MFC has a very high adoption rate for hard-to-place adoptions.

Where do children go when they leave Medical Foster Care?

Statewide MFC data showed the following averages for discharge destinations:

- Parents = 25%
- Relatives = 19%
- Adoption = 22%
- Medical condition resolved/remained in traditional foster care = 22%
- Group Home = 1%
- Nursing Facility = 1%
- Hospital = 1%
- Death = 1%
- Other = 8%

How do I become a Medical Foster Parent?

- Complete the traditional foster care pre-service training.
- Contact the local MFC team and request the MFC pre-service training.
- Complete the MFC pre-service training.
- Enroll as a MFC Medicaid provider (assistance will be provided).

Phone Numbers for the 17 MFC teams:

Pensacola	(850) 484-5040
Panama City	(850) 872-4700
Tallahassee	(850) 487-2604
Gainesville	(352) 334-1400
Ocala	(352) 369-7800
Jacksonville	(904) 360-7070
Daytona	(386) 238-4980
Tampa	(813) 396-9696
Lakeland	(813) 396-9696
Pinellas Park	(727) 217-7800
Orlando	(407) 858-5555
Viera	(321) 639-5888
Ft. Lauderdale	(954) 713-3100
W. Palm Beach	(561) 881-5040
Ft. Myers	(239) 433-6723
Sarasota	(941) 371-4799
Miami	(305) 585-7590