

PROCEDURE

Series:	Operating Procedures	COA: NET 4.03 CFOP: NA
Procedure Name:	Medical Foster Care Placement	
Procedure Number:	OP1130	
Review Date:	02/03/12, 07/08/15, 01/13/17, 03/09/2020	
Revision /Date:	4/17/24, 9/24/25	
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 needs require a higher and especially skilled/trained foster placement. This operating procedure specifically applies to children who are under the primary supervision of Family Partnerships of Central Florida as the Lead Agency.

PROCEDURE:

References

FPoCF 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 needing placement in substitute care that provides for the medical 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 medical foster care is set forth by the Agency for Health Care Administration (AHCA), Florida Medicaid Foster Care Coverage and Limitations Handbook, Medicaid Provider General Handbook, and Provider Reimbursement Handbook, CMS 1500 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 medical 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:
 - 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;
 - Be consistent with generally accepted professional medical standards and determined by the Medicaid program, and not experimental or investigational;
 - 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
 - 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.
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.

Providers

All providers shall comply with the provisions set forth in the Florida Medicaid Definitions Policy, May 2024.

Placement Procedures

If a child is determined to require Medical Foster Care (MFC) services, the Out-of-Home Care Specialist shall refer the child to the Children's Medical Services (CMS) Multidisciplinary Assessment Team (CMAT) for screening and approval. Upon determination of eligibility, MFC staff shall notify the Family Partnerships of Central Florida (FPoCF) Intake and Placement unit, and the Intake Specialist shall confer with the Senior Director of Out-of-Home Care or designee for case review and placement authorization. All reasonable efforts shall be made to maintain the child in the current school and community and to place siblings together when appropriate. The Out-of-



Home Care Specialist shall participate in ongoing CMS/MFC team meetings to assess continued medical appropriateness for the MFC program.

Funding Limitations

Placement in a medical home requires prior approval from the Sr. Director of Out of Home Care or designee. Medical foster care services will be approved and billed through Medicaid services.

BY DIRECTION OF THE PRESIDENT AND
CHIEF EXECUTIVE OFFICER:

A handwritten signature in blue ink that reads "Philip J. Scarpelli". The signature is written in a cursive style with a large initial "P".

PHILIP J. SCARPELLI
President and Chief Executive Officer
Family Partnerships of Central Florida

APPROVAL DATE: 12/9/2025