Medical Foster Care Services

MOLINA HEALTHCARE
Your Extended Family.

Overview

As part of new contract effective 12/1/18, select services previously carved out and paid for by the fee-for-service Medicaid program are now covered under the SMMC program. Molina Healthcare of Florida will now be covering Medical Foster Care Services.

Medical Foster Care 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.

Medical Necessity

Pursuant to FS 409.9131 (2) (b)“Medical necessity” or “medically necessary” means any goods or services necessary to palliate the effects of a terminal condition or to prevent, diagnose, correct, cure, alleviate, or preclude deterioration of a condition that threatens life, causes pain or suffering, or results in illness or infirmity, which goods or services are provided in accordance with generally accepted standards of medical practice.

For purposes of determining Medicaid reimbursement, the agency (AHCA) is the final arbiter of medical necessity. In making determinations of medical necessity, the agency must, to the maximum extent possible, use a physician in active practice, either employed by or under contract with the agency, of the same specialty or subspecialty as the physician under review. Such determination must be based upon the information available at the time the goods or services were provided.

Who's Eligible?

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 custody of the Department of Children & Families (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)

Medical Foster Care – What's Covered

- Assisting with Activities of Daily Living (ADLs) and Instrumental Activities of Daily Living (IADLs)
- Coordination of Care:
  - Arranging for the provision of primary medical care and support services needed to safely maintain the recipient in a community-based setting (e.g., durable medical equipment and supplies)
  - Facilitating opportunities for the recipient to participate in a range of age-appropriate indoor and outdoor recreational and leisure activities, including activities for nights and weekends based on group and individual interests and developmental needs
  - Scheduling medical appointments
- Health care management and monitoring
- Medication monitoring and administration
- Monitoring vital signs
- Participating in and coordinating all educational activities for the recipient
- Providing transportation to all scheduled appointments and activities
- Provision of skilled interventions to the extent the services are medically necessary and the MFC provider has the requisite training to perform the necessary task

Medical Foster Care – Leave Days

Florida Medicaid covers up to 15 leave days during any 90-day period for hospitalization or therapeutic visits.

Eligible Providers

Services must be rendered by foster home caretakers who are licensed by DCF in accordance with Rule 65G-2.002, F.A.C., and who have successfully completed MFC parent competency-based training classes through the DOH.

MFC Documentation Requirements

Providers must maintain all of the following in the recipient's file:

- A plan of care (POC) that is updated every 180 days (or upon a change in the recipient's condition requiring an alteration in services), signed, dated, and credentialed by a physician
- Written MFC Staff physician's order
- Daily progress notes that document all services and care provided, as specified in the recipient's POC

Providers must maintain documentation in the recipient's file demonstrating that the provider continued to render services during the recipient's leave days, including a physician's statement specifying that the provider was present during the recipient's hospital stay, as applicable.

Medical Foster Care - Reimbursement

- Molina will reimburse the covered service to the designated Medical Foster Parent at one of three (3) levels designated for the member's complexity during the initial staffing.
- A staffing is completed by the Children's Multidisciplinary Assessment Team (CMAT) which will include DCF, and Molina will support identification of an available Medical Foster Parent if needed.
- Authorization is ***not*** required for Medical Foster Care services.

Medical Foster Care - Reimbursement

Medical Foster Care services are reimbursed according to the Florida Medical Foster Care Services Fee Schedule found on the AHCA's website at:

https://ahca.myflorida.com/medicaid/rules/rule-59g-4.002-provider-reimbursement-schedules-and-billing-codes

Medical Foster Care – Billable Codes

Code	Modifier	Description of Service
S5145	HA	Level I Medical Foster Care Service
S5145	TF	Level II Medical Foster Care Service
S5145	TG	Level III Medical Foster Care Service

Medical Foster Care services are reimbursed/billed on a daily basis.

Medical Foster Care Billing

Providers may bill for Medical Foster Care Services in the following ways:

- Electronically, via a clearinghouse, Payer ID #51062
- Electronically, via Availity
- On paper, using a current version of the CMS-1500 form, to:

Molina Healthcare
PO Box 22812
Long Beach, CA 90801

Medical Foster Care Claims Disputes

Any disagreement regarding the processing, payment or non-payment of a claim is considered a Provider Dispute. To file a Provider Dispute, providers may contact Customer Service at (855) 322-4076, or send the request for review in writing, along with any supporting documentation* to the address below:

Molina Healthcare of Florida Appeal and Grievance Unit
P.O Box 36030
Louisville, KY 40233-6030
Fax: 877-553-6504

Provider Disputes must be received within one (1) year of the date of payment or denial of the claim. All provider disputes will be reviewed confidentially, and the outcome will be communicated in writing within sixty (60) days or receipt of the Provider Dispute.

**To avoid delays in processing, all Claims Disputes must have supporting documentation (i.e.: Proof of Timely Filing, Explanation of Benefits from Primary Carrier {COB Claims}, Invoices, Medical Notes, Consent Forms, etc.*

Questions?

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MFLProviderServices@MolinaHealthcare.Com