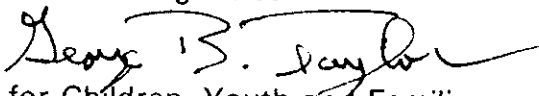


COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF PUBLIC WELFARE

SPECIAL TRANSMITTAL

**SUBJECT:** Medical Foster Care Services for Children Served by County Children and Youth Agencies

**TO:** County Children and Youth Administrators  
Juvenile Court Judges' Commission  
Pennsylvania Council of Children's Services  
Children, Youth and Family Council  
Private Children and Youth Agencies

**FROM:** George B. Taylor   
Deputy Secretary for Children, Youth and Families

The purpose of this transmittal is to describe procedures to obtain Medical Assistance (MA) funds for medically necessary services provided to children with chronic medical conditions who are living in foster family care.

**EFFECTIVE DATE:** July 1, 1994

**BACKGROUND:**

In December 1992, discussions began between the Department of Public Welfare (DPW) and the Philadelphia Department of Human Services (DHS) about ways of accessing MA funding for services provided to children in foster care who have ongoing or severe temporary medical conditions that require significant care and monitoring. Meetings were held with staff of the federal Health Care Financing Administration (HCFA) to identify and review several options. As the result of the meetings and changes in the federal definition of "personal care", the Office of Children, Youth and Families (OCYF) and the Office of Medical Assistance Programs (OMAP) determined that the personal care service option is the best option available to provide MA funding for medical support services to children in foster care.

This transmittal will provide procedures for county and private children and youth agencies to become providers of MA funded medically necessary services to children in foster family placement.

**PROCEDURES:**

**DEFINITION AND GENERAL REQUIREMENTS FOR MEDICAL FOSTER CARE SERVICES**

Definition of Medical Foster Care Services

Medical foster care services are health related tasks that are necessary to meet a patient's physical health needs which enable the individual to be treated by a licensed practitioner on an outpatient rather than an inpatient or institutional

basis. Medical foster care includes such tasks as assisting the patient with personal hygiene, dressing, feeding, monitoring and operating medical equipment and transfer or ambulatory needs. Homemaker tasks such as shopping, meal preparation, cleaning and laundry are not considered as medical foster care. See attachment 1 for examples of medical foster care services.

General Requirements

Medical foster care services must be:

1. provided in accordance with a written plan of treatment prescribed by a licensed physician;
2. authorized by the county children and youth agency for the individual in accordance with a family service plan; and
3. provided by an agency licensed by OCYF to provide foster family care.

Children Eligible for Medical Foster Care Services

To be eligible to receive MA funded medical foster care services a child must:

1. be enrolled in MA;
2. have been diagnosed by a licensed practitioner as having a special or chronic medical condition or physical disability; and
3. require medical foster care services to remain in a foster care placement that is less restrictive than an institution or hospital.

Some examples of special or chronic medical conditions or physical disabilities that may require medical foster care services include: fetal alcohol syndrome; heart disease; conditions resulting from stroke; leukemia and other blood diseases; diabetes; AIDS and other immune system deficiencies; cerebral palsy and other neuro/muscular disorders; epilepsy and other neurological disorders; pulmonary and respiratory disorders; organ, tissue or muscular malfunctions; medical problems and physical disabilities that result from physical neglect, abuse or sexual abuse; impaired or total loss of sight or hearing; loss of limbs requiring prostheses and non-ambulatory or ambulatory with aids.

**BECOMING A MEDICAL FOSTER CARE SERVICE PROVIDER**

Both county and private children and youth service agencies can become medical foster care service providers. Agencies wishing to become providers must submit a completed Provider Enrollment Form to OMAP. (A copy of the form and instructions are attached.) Agencies will be enrolled as a provider type 50. Enrollment will allow agencies to receive MA funding for medical foster care services provided to children in foster family care placement.

County children and youth agencies must enroll as MA medical foster care service providers when children who require medical foster care services are placed in county-supervised foster family care homes.

After July 1, 1995, county children and youth agencies may not contract with private foster care providers to serve children who need medical foster care services unless the private child care service agency is enrolled as an MA medical foster care service provider.

Once approved as MA type 50 providers, county and private children and youth agencies may bill OMAP for medical foster care services provided to children retroactively to July 1, 1994. Payments made by counties for MA covered services must be adjusted in future county per diem payments to the private provider agency or recovered by the county. Title IV-E invoices submitted for MA covered services must also be amended.

#### Responsibilities of a Medical Foster Care Service Provider

The enrolled agency is responsible for providing or arranging for the supervision of medical care, medical planning, medical training and related case management activities according to each child's medical treatment plan or service plan.

The agency is responsible for maintaining a system of quality assurance that guarantees the medical well-being, health and safety of each child. The quality assurance system must include periodic review of the medical treatment plan or service plan, monitoring the quality of care of services provided and maintaining records of all activities relating to the medical needs of the child and the level of medical foster care provided in accordance with the requirements of 55 Pa. Code, subsections 1101.51(d) and (e).

Help with understanding MA requirements for providers, including record keeping and billing, is available in the Medical Assistance Provider Handbook as well as through a toll free Provider Inquiry telephone number, 1-800-537-8862.

#### **MA FUNDING FOR MEDICAL FOSTER CARE SERVICES**

MA payment for medical foster care services is based on the submission of an MA invoice form (MA 319/MA 319C). Invoice forms must be submitted for each child receiving medical foster care services. Payment will be made directly to the enrolled provider agency.

OMAP has established maximum daily fees for each level of medical foster care service. Payment to the provider will be the lesser of the provider's usual and customary charge to the general public or the established OMAP fee. The current fee schedule is attached to this transmittal.

The county children and youth agency with custody of the child is responsible for determining the level of medical foster care services required by the child. Four levels of medical foster care service have been established:

#### Level I

- The child has one or more medical conditions or physical disabilities that can

Medical Foster Care Services

be relieved, alleviated or controlled by a regimen of medical supervision and consistent non-specialized care. No life threatening situations are anticipated.

- Some specialized training may be required for the foster parent to care for the child, such as the preparation and control of special diets and the administration of non-oral medications.
- Wheel chairs, ramps and/or prostheses may be required but sophisticated technological equipment usually will not be necessary. Few special medical supplies are necessary.

Examples of Children Requiring Level I Care:

Children with one or few physical disabilities (e.g., blind, deaf, non-ambulatory, diabetic) whose care can be managed with additional but not extraordinary physical apparatus, medication or medical monitoring. Children with developmental delays or failure-to-thrive infants not accompanied by irreversible physical damage or multiple physical/medical problems. Drug-addicted infants, children with a cast or newly acquired prosthesis or children recovering from recent surgery who require some medical observation and additional care but do not require special or sophisticated medical equipment.

Level II

- The child has one or more acute medical conditions or physical disabilities that can be relieved, alleviated or controlled by specialized intervention and a regimen of medical supervision and consistent care. No immediate life threatening situations are anticipated.
- Some special medical procedures training may be required for the foster parent for the management of tracheostomies, ileostomies, NG feeding tubes, catheters, etc.
- Use of sophisticated technological equipment will be minimal. Some special medical supplies will be necessary.
- The child will usually require special therapeutic interventions and special social, educational and vocational planning.

Examples of Children Requiring Level II Care:

Children with a colostomy, ileostomy or other medical apparatus whose care requires considerable but not extensive special handling. Children with diabetes, hemophilia, blindness or deafness who have accompanying severe emotional, social or behavioral problems and considerable difficulty in accepting or managing their condition. Children with neuromuscular disorders such as cerebral palsy who also have emotional, social or behavioral problems or medical conditions requiring some special care.

Level III

- The child has a combination of acute temporary, chronic or permanent medical conditions or physical disabilities which require intensive, home-based medical intervention on a constant basis to sustain life. Life threatening situations are anticipated.
- Considerable special medical procedures training will be required for the foster parent.
- Use of sophisticated technological equipment will be necessary. Special medical supplies will be necessary.
- Because the child will usually be home-bound, all developmental areas will require special planning.

Examples of Children Requiring Level III Care:

Children with pulmonary disorders who require constant oxygen, frequent respiratory therapy or tube feeding. Children with a combination of tracheostomies, colostomies, ileostomies, etc. whose care requires continual skilled medical intervention and constant special handling. Children with diagnosed HIV disease/AIDS or other severe immune deficiencies whose care requires constant protection from common sources of infection. Children who are terminally ill whose condition can be managed with some specialized, extensive care.

Level IV

- The child has a combination of acute, chronic or permanent medical conditions or physical disabilities whose life can be sustained only by intensive, home-based medical intervention on a 24-hour basis. Life threatening situations are constantly present.
- Extensive special medical procedures training will be required for the foster parent.
- Use of a variety of sophisticated technological equipment will be necessary. Special medical supplies will be necessary.
- Because the child will be home-bound, all developmental areas will require special planning.

Examples of Children Requiring Level IV Care:

Children awaiting organ transplants whose lives are constantly threatened. Infants with multiple, severe medical problems whose care requires 24-hour monitoring and frequent intervention. Children who are terminally ill whose care requires constant supervision and monitoring. Children with AIDS or other severe immune deficiencies who are suffering from active infectious diseases.

**Attachment 1**

**EXAMPLES OF MEDICAL FOSTER CARE SERVICES FOR CHILDREN**

Medical foster care services include both supportive and supervisory activities as well as direct care of children. Medical foster care services can be provided to children and youth in foster family care placement.

**1. Medical Management**

- Insuring doctor's orders for medication, nutrition and care are followed
- Administering medication and treatment according to a doctor's orders
- Monitoring the reaction to medication and treatment
- Maintaining the availability of medicines and medical supplies
- Teaching foster parents how to establish and follow a medical care routine
- Teaching foster parents how to observe and handle medication problems and physical ailments
- Teaching foster parents how to operate and maintain medical apparatus and technologies

**2. Nutritional Care**

- Menu planning
- Monitoring and supervision of meal preparation to assure adherence to nutritional requirements
- Monitoring nutritional intake and physical growth
- Teaching foster parents to obtain food and food supplements needed to meet a child's nutritional requirements
- Teaching foster parents how to monitor nutritional progress and physical growth
- Teaching foster parents about feeding techniques and the use of feeding tubes

**3. Hygiene and Personal Care**

- Assisting with personal hygiene, dressing and grooming
- Teaching foster parents about hygiene and personal care needs and proper personal care practices

**4. Developmental Education**

- Providing the proper physical environment for growth and development
- Monitoring developmental stages reached by the child
- Teaching foster parents about the developmental needs of the child and how to monitor or encourage proper development
- Counseling foster parents about physical and emotional supports required for a child's development
- Demonstrating techniques that support good development

Attachment 2

OFFICE OF MEDICAL ASSISTANCE PROGRAMS  
Division of Outpatient Programs  
Provider Type 50

MEDICAL FOSTER CARE SERVICES

Level of Care	MA Service Type	MA Procedure Code	MA Daily Fee
I	ES	Y3223	\$19.36
II	ES	Y3224	\$29.66
III	ES	Y3225	\$49.31
IV	ES	Y3226	\$66.19

Effective Date - July 1, 1994