

Supporting Home-Based Care for Children with Disabilities in Foster Care

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Over 400,000 children in foster care on a given day

At least 1 in 4 children in foster care have a diagnosed disability

Children with disabilities in foster care, compared to those without disabilities, are:

- More likely to have placement instability
- More likely to have prolonged stay in foster care
- More likely to be placed in congregate care setting
- Less likely to achieve permanency (e.g. reunification, adoption).

Building on lessons from the pandemic

Improving access to medical foster parent training

Linking families to housing resources

Supporting children and caregivers through physician home visits







Medical Foster Care Program

- The Medical Foster Care (MFC) Program offers home-based care that allows a foster child with medical complexity to receive care within a family setting
- Florida Department of Health oversees the specialized training of medical foster parents.
- MFC parents ensure all of the child's needs are met; become Medicaid providers and are reimbursed for their services.
- MFC nurse, social worker, and medical director oversee the MFC parent's care of the child's medical and developmental needs

https://www.floridahealth.gov/programs-and-services/childrens-health/cms-specialty-programs/medical-foster-care/index.html https://www.myflfamilies.com/service-programs/child-welfare/kids/services/well-being/docs/healthdental/MedFosterCareProgram2017.pdf



Medical Foster Care (MFC) Virtual Medical Foster Parent Pre-Service Training



Challenge:

- Inadequate number of medical foster parents
- Barriers to attending in-person medical foster parent training sessions

Innovation:

- Improve access to training program through use of combined virtual and local in person training
 - Virtual training modules with live teaching sessions with trainers to review material and validate understanding of knowledge or skill
 - Written exam to demonstrate proficiency
 - In person skills demonstration at local office



Medical Foster Care (MFC) Virtual Medical Foster Parent Pre-Service Training



Future potential:

- Stakeholders: Caregivers, child welfare agencies, MFC programs, Family Focused Treatment Association, health professionals, simulation training educators, IT professionals
- Develop best practice hybrid (virtual/in person) training curriculum to be shared with other MFC programs → standardize quality of training, centralize trainers/resources, increase access to training
- Create interactive technology platform
- Train-the-trainer model

Medical Foster Care (MFC) Virtual Medical Foster Parent Pre-Service Training

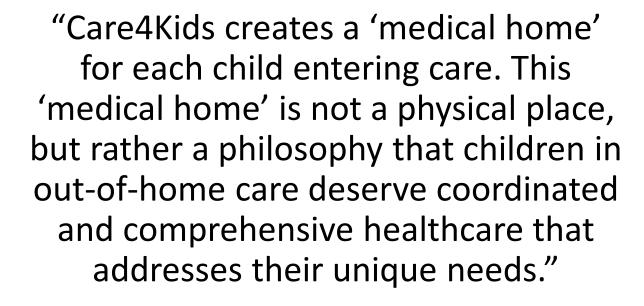


Considerations:

- Funding: Federal and state child welfare funds (Title IV-E), Title V, health systems, Medicaid, foundations
- Equity: Technology accessible? Rural areas?
- Local context









- Established in 2014 as a Medicaid benefit for children in out-of-home care in Wisconsin (6 counties)
- 3000 kids in program
- Addresses health and social needs





Challenge:

- Family social and financial challenges exacerbated during COVID
- Inadequate housing can lead to foster care placement, placement instability, and serve as a barrier to reunification

Innovation:

- SDoH screening and linkage to services/supports
- Housing program started in 2019 as benefit to Care4Kids and CCHP members
 - Housing navigator program
 - Housed through housing authority program
 - Improved foster care outcomes
 - Significant cost savings

Future potential:

- Child welfare prevention services
- HUD disability-based services/vouchers
- Insurance based programs (e.g. CCHP program
- Medicaid waiver programs



How States Use Federal Medicaid Authorities to Finance Housing-Related Services

By Allie Atkeson

March 2021

To address the housing needs of their Medicaid enrollees, states can leverage a variety of federal Medicaid authorities to deliver housing-related support services to individuals with disabilities and chronic conditions. This report explores the various federal waivers states used to increase supportive housing and reduce their Medicaid costs.

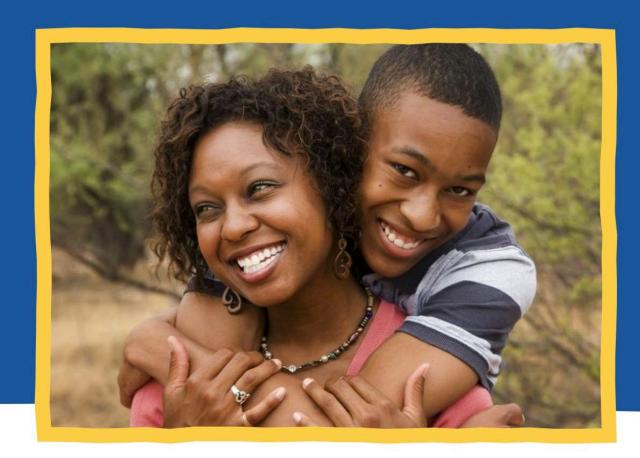
ABOUT US OUR SERVICES

GET INVOLVED

WAYS TO GIVE

SPECIAL MEDICAL FOSTER CARE

Every child deserves a permanent, stable home and chance to reach his or her potential





Challenge:

- Families scared to bring children to in-person visits
- Children in foster care require timely initial, comprehensive and follow-up visits
- New foster parents often unfamiliar with all of child's care needs

Innovation:

Physician home visits

Need for advocacy:

 Lack of reimbursement → advocate for parity with reimbursement for Medicare for home visit (time based) for kids with disabilities in foster care

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Prevention
Prevention
Prevention



FAMILY FIRST PREVENTION SERVICES ACT



https://www.cdc.gov/violenceprevention/pdf/CAN-Prevention-Technical-Package.pdf https://www.childwelfare.gov/topics/systemwide/laws-policies/federal/family-first/

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Questions?

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