

# CMAT AND MEDICAL FOSTER CARE



## LEVEL OF CARE TRAINING

April 2019

# Before we get started...

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- Suggested Reference Material:
  - CMAT Level of Care Tool
    - ✦ If unable to obtain a PDF version please print/print screen slides 13 & 14 of this power point
- To obtain a certificate of training (required for voting CMAT members) you must complete and submit the CMAT Level of Care quiz
  - Additional information on how to submit at the end of this presentation

# Level of Care Training: Purpose

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Completion of this on-line training will provide the knowledge and understanding to confidently review and assign a level of care to children staffed through the Children's Multidisciplinary Assessment Team (CMAT) for either Medical Foster Care Services (MFC) or Skilled Nursing Facility (SNF) Services.

# Course Objectives

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- To provide a consistent method of training for CMAT and MFC team members.
- To assist CMAT and MFC team members in the Level of Care Recommendation process.
- To provide access to training that can be completed outside a classroom setting.
- To ensure consistency in recommendations across teams and regions of the state.

# Who Needs Level of Care Training?

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- Level of Care Training is required for:
  - All CMAT and MFC team members, including medical director.
  - Community Partners that participate in deliberations and consensus building concerning Level of Care recommendations.
  - SMMC providers who have members receiving services recommended through CMAT process.
  - *Level of Care Training must be completed within 30 days of assignment to the CMAT or MFC team.*
  - *Biological and/or Medical Foster Parents are not required to take the Level of Care Training.*

# Overview

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- Review CMAT process regarding level of care recommendation tools.
- Review common difficulties encountered in determining level of care recommendations.
- Review clinical and psychosocial information available to help guide level of care recommendations.
- Describe 5 factors used to determine the Level of Care.

# Referrals to CMAT for Medical Foster Care Placement



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- Typically, referrals are made by Department of Children and Families or Lead Agency for foster care in the circuit for possible MFC Placement.
- Referrals can be emergent or routine, but all referrals must have a staffing completed within 9 business days.
- In order to proceed with CMAT staffing, signed releases from the legal guardian and a shelter/detention order are required.
- Emergency staffings must include the medical director, the CMAT team and the MMA representative, and can be done in person or via phone/skype.
- Staffings are held at a minimum of every 180 days or more frequently, dependent on the status of the child.

# CMAT Process

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- Prior to the scheduled staffing, the CMAT nurse and social worker conduct an in-depth assessment of the child's medical and psychosocial needs.
  - Includes medications, treatments, personal care, daily activities, and frequency of appointments outside the home.
  - Updated information of the status of the legal case regarding the child, including permanency plans.
- Staffings are scheduled in advance.
  - Bio-parents or legal guardians, MFC Parents and Guardian ad Litem assigned to child are all valued members of the CMAT team and encouraged to attend in person or via phone.



# Referrals for Skilled Nursing Facility

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- In addition to signed releases from parent or legal guardian, a completed SNF form 3008 is necessary to determine level of care eligibility for inpatient skilled care.
- A Preadmission Screening and Resident Review (PASRR) is a federal requirement that helps to ensure that individuals are not inappropriately placed in nursing homes for long-term care. This requirement is outlined in 42 CFR 483.100-138.
- The PASRR evaluates all applicants for serious mental illness and/or intellectual disability.
- The PASRR process ensures that all applicants are cared for in the most appropriate setting and that all applicants receive necessary services, regardless of setting.
- Kepro is responsible for the initial Level 1 PASRR screening. If Level 2 is required, Kepro also takes the lead to complete that portion.

# Skilled Nursing Level of Care Determination



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## NURSING FACILITY ~ LEVEL OF CARE GUIDELINES

### ADMISSION CRITERIA:

To qualify for placement in a nursing facility, the applicant or recipient must require 24 hour observation and care and the constant availability of medical and nursing treatment and care, but not to the degree of care and services provided in a hospital or that meets the criteria for skilled services. (F.A.C. 59G-4.180)

The child must require intermediate, skilled or fragile nursing care, and be medically stable, as documented by the physician determining level of care. (F.A.C. 59A-4.1295: Additional Standards for homes that admit children 0 through 20 years of age.)

Child's Name: \_\_\_\_\_

MRN #: \_\_\_\_\_

Staffing Date: \_\_\_\_\_

### STABILITY STATEMENT:

During the CMAT staffing, upon determining that a client has met service eligibility, the stability of the client must be determined by the CMAT Medical Director. The stability options are below. Record the determined stability statement that applies to the client being staffed.

- 1. Not Applicable (Only applies when clients are being discharged or are ineligible for CMAT)
- 2. The child's medical stability in a home setting does not present as a current concern.
- 3. The child is at risk for or is experiencing infrequent and predictable changes in medical needs. (This is to indicate that the child is considered at risk if one or more of the following conditions is present: the child has a history of changes in medical needs; the child does not have an established regimen to manage their medical needs; or the interventions that the child receives pose a risk to the child)
- 4. The child is experiencing frequent and predictable or infrequent and unpredictable changes in medical needs.
- 5. The child is experiencing frequent and unpredictable changes in medical needs.

Record the determined Level of Care in one of the below fields.

Determined Level of Care	<input type="checkbox"/> NOT ELIGIBLE	<input type="checkbox"/> INTERMEDIATE II	<input type="checkbox"/> INTERMEDIATE I	<input type="checkbox"/> SKILLED	<input type="checkbox"/> FRAGILE
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# Referral for Model Waiver

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- The Model Waiver is a Medicaid Waiver administered by the Agency for Health Care Administration that provides services to children through age 20 that are medically complex/fragile with the diagnosis of degenerative spinocerebellar disease.
- The child must be determined disabled by the Social Security Administration.
- The child must be at risk for hospitalization or have resided in a skilled nursing facility for at least 60 consecutive days prior to waiver enrollment.
- The Model Waiver provides expanded benefits, including assistive technology, case management, environmental adaptations, nursing home transition to community and respite care.
- The same CMAT process is followed as for Medical Foster Care referrals. However, an annual staffing, not a 180 day staffing is acceptable.

# Five Factors Necessary to Consider for Determining Level of Care

Review sections of CMAT Tool:

1. Stability of the child in a home setting.
2. Child's tolerance to caregiver delay or error in performing tasks.
3. Complexity and Intensity of Interventions.
4. Amount of Observation, Assessment and Documentation required, based on the child's medical needs.
5. Personal care needs and age appropriateness of those needs.

# Level of Care Scoring Sheet Page 1



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## Children's Multidisciplinary Assessment Team Level of Care Tool

Attachment 14

Child's Name: \_\_\_\_\_

Staffing Date: \_\_\_\_\_

<b>1. STABILITY OF THE CHILD IN A HOME SETTING</b>				
A. The child is at risk for or is experiencing infrequent and predictable changes in medical needs. The child is considered at risk if one or more of the following conditions is present: The child has a history of changes in medical needs; The child does not have an established regimen to manage their medical needs; or <u>The</u> interventions that the child receives pose a risk to the child.		B. The child is experiencing frequent and predictable or infrequent and unpredictable changes in medical needs.	C. The child is experiencing frequent and unpredictable changes in medical needs.	D. The child's medical stability in a home setting does not present as a current concern.
<b>2. TOLERANCE TO DELAY AND TASK ERROR BY CAREGIVER</b> (Impact and severity of consequences of a delay or task error in the child's medical needs)				
A. The child could experience a mild change in the outcome of their health care status.		B. The child could experience a decrease in functioning, an acute illness or a decline in general health care status.	C. The child could experience the loss of functioning or life.	D. The child's tolerance to delay and task error does not present as a current concern in the outcome of the child's health care status.
<b>3. INTERVENTIONS</b> (See Sample Interventions by Category on back of page)				
A. The child's current medical needs require simple interventions by the caregiver. The child's needs require the caregiver to perform simple tasks and use in-home equipment and supplies.	B. The child's current medical needs require the caregiver to perform one or more complex interventions or treatments.	C. The child's current medical needs require complex interventions that involve a series of instructions or steps. The child's current medical needs require quick independent decisions made by the caregiver, without awaiting instruction by a health care professional, and the skills required to maintain life or to prevent or respond to life threatening events.	D. The child's current medical needs require 24-hour monitoring, intervention or treatments and documentation by a trained caregiver. The interventions are required to maintain functioning and to prevent or respond to life threatening events.	E. The child's interventions do not present as a current concern.
<b>4. OBSERVATION, ASSESSMENT, AND DOCUMENTATION</b>				
A. Child's current medical needs require the caregiver to provide observation and limited assessment.	B. Child's current medical needs require the caregiver to provide frequent observation, comprehensive assessment that requires interpretation of information to formulate a plan of action, and detailed documentation.	C. Child's current medical needs require the caregiver to provide ongoing observation, comprehensive assessment that requires interpretation of information to formulate and implement a plan of action, and detailed documentation.	D. Observation, assessment and documentation does not present as a current concern.	
<b>5. PERSONAL CARE</b> (Required care due to the child's clinical condition)				
A. Child's personal care needs are chronologically age appropriate but require more time or must be done more frequently.	B. Child's personal care needs are not chronologically age appropriate and require some care assistance with ADLs.	C. Child's personal care needs are significantly chronologically delayed and require total care for majority of all ADLs.	D. The child's personal care needs are chronologically age appropriate and completed within expected time frames.	
<b>LEVEL OF REIMBURSEMENT SCORING: Points by Category:</b> (See Level of Care definitions on back of page)				
1. Stability of the Child in a Home Setting		A=5 B=10 C=15 D=0	Child's Score	Child's Total Score _____
2. Tolerance to Delay and Task Error		A=1 B=5 C=10 D=0	_____	
3. Interventions		A=5 B=10 C=15 D=20 E=0	_____	Child's Level of CARE _____
4. Observation, Assessment, and Documentation		A=1 B=5 C=10 D=0	_____	
5. Personal Care		A=5 B=10 C=15 D=0	_____	

# Level of Care Scoring Sheet Page 2

## Children's Multidisciplinary Assessment Team Level of Care Tool

Attachment 14

SAMPLE INTERVENTIONS BY CATEGORY / EXAMPLES BUT NOT LIMITED TO: (Check all interventions in each category that apply to the child.)		
<b>Category A: Simple interventions required due to the child's clinical condition</b>		
<input type="checkbox"/> Oral or bulb suctioning; <input type="checkbox"/> Positioning as with GE-reflux, aspiration prevention and/or turning; <input type="checkbox"/> Special feeding techniques; <input type="checkbox"/> Cast care; <input type="checkbox"/> Applying splints; <input type="checkbox"/> Employing standard precautions for a contagious disease; <input type="checkbox"/> Infrequent nebulizer treatments (PRN);	<input type="checkbox"/> Pulse-oximeter checks that do not typically result in an intervention; <input type="checkbox"/> Medications classified as simple on the CMAT Nursing Assessment <input type="checkbox"/> Assistance with mobilization (transfers, wheelchair); <input type="checkbox"/> Regular visits to a health care provider; <input type="checkbox"/> Apnea monitoring with no history of alarms (Initial or since last assessment) <input type="checkbox"/> Skin / wound care not requiring pain medication or sterile procedures; <input type="checkbox"/> Other(s):	
<b>Category B: Complex interventions</b>		
<input type="checkbox"/> Ostomy care; <input type="checkbox"/> Frequent nebulizer treatments (daily); <input type="checkbox"/> Bolus G-tube or NG-tube feeding; <input type="checkbox"/> Positioning for severe contractures, scoliosis, or other physical conditions resulting in or due to immobilization of the patient; <input type="checkbox"/> Chest physiotherapy; <input type="checkbox"/> Apnea monitoring; urgent true apnea events requiring action of caregiver;	<input type="checkbox"/> Pharyngeal suctioning; <input type="checkbox"/> Shunt care including monitoring or assessment; <input type="checkbox"/> Administration of medications classified as complex on the CMAT Nursing Assessment; <input type="checkbox"/> Intermittent oxygen administration & care; <input type="checkbox"/> Frequent visits to providers in / out of home; (health, mental health and / or developmental) <input type="checkbox"/> Other(s):	
<b>Category C: Complex interventions involving series of instructions or steps</b>		
<input type="checkbox"/> Sterile procedure (trach or catheter procedures); <input type="checkbox"/> Skin / wound care that requires pre-medication for pain control or sterile procedures; <input type="checkbox"/> Sterile wound dressings or wounds with packing; <input type="checkbox"/> Infrequent tracheostomy suctioning or trach care; <input type="checkbox"/> Feedings delivered via pump (G-tube or NG-tube) <input type="checkbox"/> Continuous oxygen administration; <input type="checkbox"/> Pulse-oximeter check that typically results in a need for oxygen administration	<input type="checkbox"/> Continuous positive airway pressure (C-PAP); BiPAP; or <input type="checkbox"/> Spontaneous Intermittent Mechanical Ventilation (SIMV) <input type="checkbox"/> Administration of medications classified as complex on the CMAT nursing assessment that require observation or assessment prior to administration; <input type="checkbox"/> Taking the child to a physician or emergency room as a result of an unanticipated event related to the child's clinical condition; <input type="checkbox"/> Well controlled diabetic care (stable with no episodic events for 6 months) <input type="checkbox"/> Other(s):	
<b>Category D: Complex interventions or treatments requiring 24-hour monitoring and documentation</b>		
<input type="checkbox"/> Ventilator management <input type="checkbox"/> Technology dependent interventions to sustain life; <input type="checkbox"/> Insulin dependent diabetic care; (not controlled for 6 months) [ <input type="checkbox"/> Apnea events requiring emergent interventions, CPR, etc.	<input type="checkbox"/> Administration of medication requiring ongoing observation to prevent loss of life; <input type="checkbox"/> Frequent suctioning and/or tracheostomy care; <input type="checkbox"/> Other(s):	
<b>LEVEL OF REIMBURSEMENT DEFINITIONS</b>		
<b>Level I: 9 to 24 points</b> The child is at risk for or is experiencing infrequent and predictable changes in medical needs. The child's medical needs require simple interventions, medical management, reliable observation, and documentation by a trained caregiver.	<b>Level II: 25 to 39 points</b> The child is experiencing frequent and predictable changes in medical needs or infrequent and unpredictable changes in medical needs. The needs can be met by a caregiver that is prepared to meet both anticipated and unanticipated	<b>Level III: 40 to 70 points</b> The child is experiencing frequent and unpredictable changes in medical needs. These needs can be met in the home setting by a caregiver who is prepared to intervene when the child experiences anticipated and unanticipated events.

# Determining the Level of Care

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- At the staffing, all members review the assessment completed by the CMAT nurse and social worker. Typically this is done as a group with the CMAT staff taking lead in sharing pertinent information regarding the child's condition.
- All those involved with the child and present at the staffing are given opportunity to provide updates or additional information that would help the team make a determination.
- After reviewing the information, the CMAT Medical Director assigns a stability statement for the child, which is the first item on the scoring sheet.
  - The CMAT Medical Director is the only member of the CMAT team that can provide the stability statement.

# Use of the Level of Care Tool

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- After indicating the stability statement, the team completes scoring of the other four domains, based on the information provided by the medical and psychosocial assessment and on additional information provided by staffing attendees.
- Each domain has categories indicated by a letter and a corresponding number of points.
- The points will be added up to obtain the child's total score. The total score is assigned to a Level of Care.
- There are 3 levels of care: Level 1 (38.80 per day), Level 2 (48.50) and Level 3 (67.90)
  - Level 1 is the lowest Level of Care and Level 3 is the most involved Level of Care.
- These are daily rates and are an overlay over the monthly board rate that is paid by DCF and based on age of the child.



# CMAT LOC Tool: 1. Stability Statement



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- The stability statement specifically looks at the frequency and predictability of changes in the health status or treatment of the child.
- The stability levels range from:
  - A. Infrequent and predictable changes
  - B. Frequent and predictable or infrequent and unpredictable
  - C. Frequent and unpredictable changes
  - D. Does not present as a current concern
- All letter scores have a corresponding point value. The more frequent and unpredictable, the higher the point score.

## 2. Tolerance to Delay & Task Error by Caregiver

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- This domain reviews the child's ability to tolerate a delay in treatment or medication administration or an error in treatment without a decline in function or general health status.
  - In other words what is the impact and severity of consequences in the child's medical needs if there is a delay or task error
- Tolerance to delay and task error could result in
  - A. Mild Change in outcome of health care status
  - B. Decrease in functioning, an acute illness or decline in health
  - C. Could experience the loss of functioning or life
  - D. Does not present as a current concern

# CMAT LOC Tool: 3. Interventions

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- This particular domain is the only one with five possible categories for scoring.
- The second page of the tool contains descriptions and common interventions provided for infants, children and young adults.
  - List is not exhaustive and additional interventions may be required.
- The Interventions are classified as:
  - A. Simple
  - B. Complex
  - C. Complex that involves a series of instructions or steps and
  - D. Complex interventions that require 24 hour monitoring and/or documentation.
- Children may require multiple interventions. If one intervention falls into a higher level category, then that higher level would be used for scoring purposes.

## 4. Observation, Assessment and Documentation

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- This domain refers to the frequency of observation, comprehensive assessment and interpretation of findings to update or formulate a plan of action.
  - A. Observation and limited assessment
  - B. Frequent observation & comprehensive assessment
  - C. Ongoing observation & comprehensive assessment
  - D. Does not present as a current concern
- This domain addresses the “usual” level of the child. It does not reflect any urgent changes. If the child’s condition changes enough to routinely require an increase in observation, assessment and formulation of a plan of action, a “Redetermination staffing” may be required to re-address.

# CMAT LOC Tool: 5. Personal Care

- This domain refers to the actual care required to do child's routine care and ADL's.
  - A. Chronologically age appropriate but require more time or done more frequently
  - B. Not chronologically age appropriate and require some assistance with ADL's
  - C. Significantly chronologically delayed and require total care for majority of ADL's
  - D. Not a concern (age and time appropriate)
- Typical care and ADL's are evaluated for age-appropriateness. As an example, changing diapers is age appropriate for an infant, but not age appropriate for a 7 year old.
- Specialty equipment that may be required for personal care should also be considered. Examples include hooyer lift, specialty bath chairs or specialty beds.
- If the child is able to perform all ADL's independently, with an occasional need for a reminder that is typical for most children, the rating would be a D.

# Level of Care Scoring

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- Each MFC team member completes the Level of Care Tool and comes up with a numeric score that corresponds to the Level of Care assigned for the child.
- Scoring is reviewed as a team. If there are differences regarding any of the domains, team consensus is obtained. This is not a “vote”, but rather a discussion.
- Once consensus has been reached, the redetermination period is assigned.
- Bio parents or legal guardians and Medical Foster Parents can contribute information, but they are not part of the scoring, deliberation and consensus building process.

# Level of Care Scoring Sheet Page 1



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## Children's Multidisciplinary Assessment Team Level of Care Tool

Attachment 14

Child's Name: \_\_\_\_\_

Staffing Date: \_\_\_\_\_

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<b>3. INTERVENTIONS</b> (See Sample Interventions by Category on back of page)				
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2. Tolerance to Delay and Task Error		A=1 B=5 C=10 D=0	_____	
3. Interventions		A=5 B=10 C=15 D=20 E=0	_____	Child's Level of CARE _____
4. Observation, Assessment, and Documentation		A=1 B=5 C=10 D=0	_____	
5. Personal Care		A=5 B=10 C=15 D=0	_____	

# Level of Care Scoring Sheet Page 2



## Children's Multidisciplinary Assessment Team Level of Care Tool

Attachment 14

<b>SAMPLE INTERVENTIONS BY CATEGORY / EXAMPLES BUT NOT LIMITED TO:</b> (Check all interventions in each category that apply to the child.)	
<b>Category A: Simple interventions required due to the child's clinical condition</b>	
<input type="checkbox"/> Oral or bulb suctioning; <input type="checkbox"/> Positioning as with GE-reflux, aspiration prevention and/or turning; <input type="checkbox"/> Special feeding techniques; <input type="checkbox"/> Cast care; <input type="checkbox"/> Applying splints; <input type="checkbox"/> Employing standard precautions for a contagious disease; <input type="checkbox"/> Infrequent nebulizer treatments (PRN);	<input type="checkbox"/> Pulse-oximeter checks that do not typically result in an intervention; <input type="checkbox"/> Medications classified as simple on the CMAT Nursing Assessment <input type="checkbox"/> Assistance with mobilization (transfers, wheelchair); <input type="checkbox"/> Regular visits to a health care provider; <input type="checkbox"/> Apnea monitoring with no history of alarms (Initial or since last assessment) <input type="checkbox"/> Skin / wound care not requiring pain medication or sterile procedures; <input type="checkbox"/> Other(s):
<b>Category B: Complex interventions</b>	
<input type="checkbox"/> Ostomy care; <input type="checkbox"/> Frequent nebulizer treatments (daily); <input type="checkbox"/> Bolus G-tube or NG-tube feeding; <input type="checkbox"/> Positioning for severe contractures, scoliosis, or other physical conditions resulting in or due to immobilization of the patient; <input type="checkbox"/> Chest physiotherapy; <input type="checkbox"/> Apnea monitoring; urgent true apnea events requiring action of caregiver;	<input type="checkbox"/> Pharyngeal suctioning; <input type="checkbox"/> Shunt care including monitoring or assessment; <input type="checkbox"/> Administration of medications classified as complex on the CMAT Nursing Assessment; <input type="checkbox"/> Intermittent oxygen administration & care; <input type="checkbox"/> Frequent visits to providers in / out of home; (health, mental health and / or developmental) <input type="checkbox"/> Other(s):
<b>Category C: Complex interventions involving series of instructions or steps</b>	
<input type="checkbox"/> Sterile procedure (trach or catheter procedures); <input type="checkbox"/> Skin / wound care that requires pre-medication for pain control or sterile procedures; <input type="checkbox"/> Sterile wound dressings or wounds with packing; <input type="checkbox"/> Infrequent tracheostomy suctioning or trach care; <input type="checkbox"/> Feedings delivered via pump (G-tube or NG-tube) <input type="checkbox"/> Continuous oxygen administration; <input type="checkbox"/> Pulse-oximeter check that typically results in a need for oxygen administration	<input type="checkbox"/> Continuous positive airway pressure (C-PAP); BiPAP; or <input type="checkbox"/> Spontaneous Intermittent Mechanical Ventilation (SIMV) <input type="checkbox"/> Administration of medications classified as complex on the CMAT nursing assessment that require observation or assessment prior to administration; <input type="checkbox"/> Taking the child to a physician or emergency room <u>as a result of</u> an unanticipated event related to the child's clinical condition; <input type="checkbox"/> Well controlled diabetic care (stable with no episodic events for 6 months) <input type="checkbox"/> Other(s):
<b>Category D: Complex interventions or treatments requiring 24-hour monitoring and documentation</b>	
<input type="checkbox"/> Ventilator management <input type="checkbox"/> Technology dependent interventions to sustain life; <input type="checkbox"/> Insulin dependent diabetic care; (not controlled for 6 months) [ <input type="checkbox"/> Apnea events requiring emergent interventions, CPR, etc.	<input type="checkbox"/> Administration of medication requiring ongoing observation to prevent loss of life; <input type="checkbox"/> Frequent suctioning and/or tracheostomy care; <input type="checkbox"/> Other(s):
<b>LEVEL OF REIMBURSEMENT DEFINITIONS</b>	
<b>Level I: 9 to 24 points</b> The child is at risk for or is experiencing infrequent and predictable changes in medical needs. The child's medical needs require simple interventions, medical management, reliable observation, and documentation by a trained caregiver.	<b>Level II: 25 to 39 points</b> The child is experiencing frequent and predictable changes in medical needs or infrequent and unpredictable changes in medical needs. The needs can be met by a caregiver that is prepared to meet both anticipated and unanticipated
<b>Level III: 40 to 70 points</b> The child is experiencing frequent and unpredictable changes in medical needs. These needs can be met in the home setting by a caregiver who is prepared to intervene when the child experiences anticipated and unanticipated events.	



# Level of Care Definitions

- Level 1: The child is at risk or is experiencing infrequent and predictable changes in needs. The interventions required are simple, and require reliable observation and documentation by a trained caregiver.
- Level 2: The child is experiencing frequent and predictable changes in needs or infrequent and unpredictable changes in needs. Interventions may be complex and the caregiver must be trained and prepared to meet both anticipated and unanticipated changes.
- Level 3: The child is experiencing frequent and unpredictable changes in needs. These needs can be met in a home setting, but require a trained caregiver that is able to quickly formulate a plan of action to prevent or reduce complications or poor outcomes. Interventions are complex and require a number of steps to complete. Care may not be age appropriate, or requires significantly more time than a typical child.

# Challenges to Determining a Level of Care

- CMAT team members may disagree from time to time on scoring.
- The tolerance to delay, the observation, assessment and documentation and the personal care domains are the areas that are open to interpretation.
- It is important to note that the quality of the medical and psychosocial assessment and the additional information provided by CMAT attendees is critical to the success of the CMAT team process.
- Each child and situation must be considered individually. The capacity and capabilities of the medical foster parent must also be considered.
- Stability is the sole responsibility of the CMAT physician.
- All information shared at CMAT staffings is confidential and is shared only for the purposes of determining a level of care.

# Right to Appeal a CMAT Recommendation

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- In rare instances where consensus can not be reached by CMAT team, the MMA plan has the authority to make final decision.
- If a service recommended by the CMAT team is denied, decreased, stopped or changed, the bio-parent and/or legal guardian has a right to appeal that recommendation.
- It is the responsibility of the CMAT nurse or social worker to notify the bio-parent and/or legal guardian of the appeal process.
- Medical foster parents does not have the right to appeal a recommendation, nor do other medical providers.
- The end result of a timely appeal is a Medicaid Fair Hearing, where the decision is binding on all parties.

# Notice of Right to Appeal

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## NOTICE OF RIGHT TO APPEAL

Date:	
Name of Parent	
Address:	
City, State, Zip code	
Dear:	
RE: your child	
Check if: <input type="checkbox"/> Medicaid	<input type="checkbox"/> CMS Managed Care Plan <input type="checkbox"/> Private Pay (other funding sources):
<b>The purpose of this letter is to inform you that the care service of:</b>	
<input type="checkbox"/> Medical Foster Care	<input type="checkbox"/> Model Waiver <input type="checkbox"/> Nursing Facility <input type="checkbox"/> Other
Has been:	<input type="checkbox"/> Denied <input type="checkbox"/> Decreased <input type="checkbox"/> Suspended <input type="checkbox"/> Terminated
This is a result of the determination made by your local Children's Multidisciplinary Team (CMAT) on: _____	
This service will change as of _____ which is the date of action or ten days following the CMAT decision.	
<b>The reason that this service has been denied, decreased, suspended, or terminated is because:</b>	
<input type="checkbox"/>	The child's medical condition can be addressed by an equally effective and less costly treatment than is currently being received.
<input type="checkbox"/>	The child's medical condition no longer requires the level of the intervention(s) currently provided.
<input type="checkbox"/>	The services are no longer appropriate to meet the needs of your child.
<input type="checkbox"/>	Other explanation: _____
This action is taken as a result of the CMAT review of the available assessment information regarding your child. The team has determined that the services currently provided are no longer medically necessary. Section 409.905, Florida Statute, allows Medicaid to only pay for services that are medically required.	
<b>If you think that this action is incorrect, please call the CMAT staff to discuss your concerns.</b>	
You also have the right to appeal this determination by asking for a fair hearing before a state hearing officer. If this action has decreased, suspended, or terminated a service, and you make your request within 10 days from the date of this notice, the service of _____ will in some cases be continued at the level prior to this change until the hearing decision is rendered.	
Please notify your CMAT Staff: _____ at _____	
If you want to have a hearing, you must request a fair hearing within 90 days from the date of this notice. You can bring with you or be represented at the hearing by anyone you choose, such as a lawyer, relative or friend. You can request a fair hearing in writing, by calling, or coming into the office. If the service continues and the hearing decision upholds the agency action, then you may be responsible to pay for the excess services received.	
<b>Complete this section only with intent to hand deliver.</b>	
This letter has been hand delivered to _____	(The parent / representative/ counselor)
by _____	on: _____ (Date)
Signature: _____	

# Attendance Sheet and Confidentiality Statement



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- Each person attending a CMAT staffing will sign their full name and add their address and best phone number for contact on the attendance sheet.
- If a person is attending via phone or skype, their attendance and the mode of attendance will be noted on the attendance sheet.
- The confidentiality statement will be read before each child is staffed so that there is full understanding of the purpose of the staffing and the information shared.
- The CMAT nurse or social worker will keep a copy of all sign in sheets, Level of Care scoring and assessments in the child's individual CMAT file.

# Attendance Sheet

## CMAT Staffing Attendance and Confidentiality Statement Form

Client:  Date of Staffing:

Everyone who attends this CMAT staffing is asked to sign the attendance and confidentiality form. All information discussed at the CMAT staffing is considered **confidential**. Recording devices such as traditional audio and video recorders or cellular telephones will not be permitted to record the staffing. By signing this form, you agree to **maintain the confidentiality of the information and not discuss the information** without written permission from the parent or legal guardian and in accordance with H.I.P.A.A. and other federal laws.

	NAME	PHONE #
Parent or Legal Representative	<input type="text"/>	<input type="text"/>
Family Member	<input type="text"/>	<input type="text"/>
Family Member	<input type="text"/>	<input type="text"/>
CMAT Medical Director*	<input type="text"/>	<input type="text"/>
CMAT Nurse*	<input type="text"/>	<input type="text"/>
CMAT Social Services Worker*	<input type="text"/>	<input type="text"/>
Medicaid Quality Bureau Nurse*	<input type="text"/>	<input type="text"/>
QIO Rep.*	<input type="text"/>	<input type="text"/>
Agency for Persons with Disabilities Rep.*	<input type="text"/>	<input type="text"/>
Early Steps Rep.*	<input type="text"/>	<input type="text"/>
Children & Families / CBC Agency Rep.*	<input type="text"/>	<input type="text"/>
Medical Foster Care Rep.*	<input type="text"/>	<input type="text"/>
Case Manager / Investigator	<input type="text"/>	<input type="text"/>
MMA Nurse Care Coordinator	<input type="text"/>	<input type="text"/>
Foster Parent	<input type="text"/> (first name only)	DO NOT COMPLETE THIS SECTION
Foster Parent	<input type="text"/> (first name only)	DO NOT COMPLETE THIS SECTION
Attorney ad Litem	<input type="text"/>	<input type="text"/>
Guardian ad Litem	<input type="text"/>	<input type="text"/>

Guardian ad Litem	<input type="text"/>	<input type="text"/>
Medical Service Provider	<input type="text"/>	<input type="text"/>
Medical Service Provider	<input type="text"/>	<input type="text"/>
Medical Service Provider	<input type="text"/>	<input type="text"/>
Education / School Representative	<input type="text"/>	<input type="text"/>
Guest	<input type="text"/>	<input type="text"/>
Guest	<input type="text"/>	<input type="text"/>
Guest	<input type="text"/>	<input type="text"/>
Guest	<input type="text"/>	<input type="text"/>
Guest	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>

\* CMAT voting members.

# Denial of a CMAT Staffing

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- After the CMAT team reviews the relevant clinical and psychosocial assessment for the child, the CMAT Medical Director can make a determination that a staffing should be denied for the child.
- This is based on the child's clinical condition, the medical complexity or fragility of the child or the inability of the child to meet MFC eligibility requirements.
- Only the CMAT Medical Director can make this decision.
- Typically, a staffing is denied because the needs of the child are too complex or the needs of the child are not complex enough. If the child is not ready to be discharged from an in-patient setting, the case can be reviewed again when the child has become more stable.

# Denial of Staffing Form

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## CMAT MEDICAL DIRECTOR'S REVIEW: DENIAL OF A CMAT STAFFING

CLIENT'S NAME: \_\_\_\_\_

For diagnosis, history, current clinical status, interventions and care needs, see CMAT Assessment for clinical and psychosocial information. The denial of the CMAT staffing process is based on a failure of the client's clinical condition to meet the medically complex /fragile requirements and the client meeting the Medicaid service eligibility requirements.

**I. In addition to the clinical and psychosocial information sections in the CMAT abbreviated assessment, materials reviewed, and source and / or contacts with other health care professionals are listed below if applicable.** (List dates and person contacted and summary of discussion; use reverse if more space is needed).

_____
_____
_____

**II. Type of Service being requested: Check all that apply:**

<input type="checkbox"/> Medical Foster Care (MFC)
<input type="checkbox"/> Nursing Facility (NF)
<input type="checkbox"/> Model Waiver (MW)

**III. Reasons the client is not eligible for a CMAT Staffing: Check all that apply:**

<input type="checkbox"/> A. Client does not have a medically necessary or medically fragile condition as defined in the FAC 59G-1.010 and 59A-4.1295 and as outlined in the CMAT Desk Reference Guide.
<input type="checkbox"/> B. Client does not qualify for the service requested due to the following reason(s):
<input type="checkbox"/> Client does not have and/or will not receive in the near future the required prescription for the Medicaid-funded service (NF).
<input type="checkbox"/> Client is NOT Medicaid Eligible and/or will not be in the near future (NF, MFC).
<input type="checkbox"/> Client is not in shelter or foster care status (MFC).
<input type="checkbox"/> Client is Medicaid Eligible; thus ineligible (MW).
<input type="checkbox"/> Client does not have degenerative spinocerebellar disorder; thus ineligible (MW).
<input type="checkbox"/> Client does not have certification of need for nursing facility placement or completed referral form #3008 signed by a physician (NF).
<input type="checkbox"/> Other, explain:

Signature of CMAT Medical Director: \_\_\_\_\_ Date: \_\_\_\_\_

cc: Referral Source and parent (if not referral source)



# Case Study #1 Using LOC Tool

33

Jimmy Jones is a 6 year old with diabetes mellitus that was just diagnosed 2 years ago. He gets routine insulin twice a day and PRN doses depending on his blood sugar. He has to have his blood sugar checked before meals and at bedtime routinely. He has lots of highs and lows and does not always eat what he is supposed to at school. He has been hospitalized twice in the past 6 months for DKA, none since going into foster care. He also has exercise-induced asthma and uses his inhaler before playing outside. He is independent in his ADL's other than needing occasional reminders to brush his teeth or take a shower. He is in 1<sup>st</sup> grade and is doing pretty well in school. He does have 3 visits per week with his parents with goal of reunification. He is often very hyper and upset when he returns from the visits.

How would you score this child?

# Case Study #1 Results

34

- **Stability:** Child has had 2 hospital admits in the past 6 months, but none in foster care. He is reported to have lots of highs and lows of blood sugar... **Stability B—10 points**
- **Tolerance to Delay:** Failure to monitor blood sugars or administer insulin could have loss of functioning or life. Failure to use inhaler could result in loss of functioning... **C—10**
- **Interventions:** Insulin dependent diabetic, not controlled for 6 months. Also ongoing observation to prevent loss of life. **D—20**
- **Observations:** Must check blood sugars and formulate a plan regarding insulin administration and implement that plan. Needs ongoing observation. **C—10**
- **Personal Care:** Age appropriate. **D—0**
- **Total = 50 points. Level of Care 3.**

## Case Study #2 Using LOC Tool

35

Susie Loo is a 12 year old with 2<sup>nd</sup> degree burns of her arms, cheek and perineal area caused by parent throwing scaling water on her. She has been released from the burn center. She has twice per day dressing changes to the burn areas, as well as application of burn garments. She complains of pain with the dressing changes and requires pain medication. She needs assistance with bathing, dressing and eating because of the dressings. She is going to PT and OT 3 times per week. She is having frequent nightmares about her injuries and is seeing a therapist one time per week. She is currently on hospital homebound. Her mother is incarcerated at this time and there is no visitation with her mother.

How would you score this child?

# Case Study #2 Results

36

- **Stability:** Child is experiencing frequent and predictable changes in needs. **Stability B—10 points**
- **Tolerance to Delay:** While burn care dressing care is important, it is not dependent on a specific time of day. **Level A—1 point**
- **Interventions:** Frequent visits to providers out of home, **Category B.** Burn care that requires pre-medication **Category C.** Because the burn care is a higher level of complexity, would score as a **C—15 points**
- **Observation:** Burn areas need to be observed 2x a day, and level of pain must be assessed. Plan of action formulated. **B-5**
- **Personal Care:** 12 year old that needs assistance with ADL's. Also not sleeping well, with nightmares. **B—10**
- **Total: 41 points. Level 3. The personal care needs increased the level, not the interventions.**

# Case Study #3 Using LOC Tool

37

Penny Loafer is a newborn infant who was born at 26 weeks gestation. She has been in the NICU for 4 months. She has weaned off the ventilator but is on continuous oxygen through nasal cannula and is going home on an apnea monitor. She has occasional alarms for low heart rate. She gets albuterol nebulizer every 4 hours and is on diuril which is considered to be a complex medication. She is also a slow PO feeder and each feeding can take up to an hour, with a specific feeding program. Her weight is low, so she is fed every 3 hours, through the night as well. Because of her weight, she has to go to her PCP for weekly weight checks. There is a referral for Early Steps. She also has to see cardiology, pulmonology, ophthalmology and gastroenterology.

How would you score this child?

# Case Study #3 Results

38

- **Stability:** Baby is on Apnea monitor with occasional low heart rate alarms. Also on oxygen. **C-15 points**
- **Tolerance to Delay:** If the baby has low heart rate and there is no response, or oxygen comes out of nose and is not replaced, could result in loss of functioning or life. **C—10**
- **Interventions:** Continuous oxygen administration(C)complex meds (B) special feeding techniques (A). Because there is a C level intervention, that level will be the score. **C—15**
- **Observation:** Oxygen and apnea monitor are 24 hours per day. Must be able to assess and formulate plan. **B—5**
- **Personal Care:** Every 3 hour feedings for an infant is not uncommon. However, because of size and prematurity may require more time. **A—5**
- **Total: 50 points, Level of Care 3. However, as the baby grows and gets stronger, it is possible at the next staffing the apnea monitor and oxygen may have been discontinued which could potentially change the level of care, which would require a notice of right to appeal.**

# Completion of CMAT Training



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- To obtain certificate for completion of CMAT training a 10 question quiz must be completed and received a score of 80% or greater.
- Please submit completed quiz to Jeff Baxla at [Jeff.Baxla@flhealth.gov](mailto:Jeff.Baxla@flhealth.gov)
- Your quiz will be scored and you will receive your certificate of completion to be shared with your local CMAT team.

