Florida Department of Health

Children's Medical Services
Children's Multidisciplinary Assessment Team
Level of Care Training

Florida HEALTH

December 2024

Program Overview

Children's Multidisciplinary Assessment Team (CMAT) collaborates with community partners to achieve several objectives:

- Determining eligibility and level of care for children under the age of 21 for the following Medicaid long-term care services:
    - o Medical Foster Care
    - o Nursing Facility
    - o Model Waiver
- Involving the parent/family/legal representative in the CMAT staffing process
- Facilitating discussion on community-based resources and services available to support client needs

Florida
HEALTH

Who Needs Level of Care Training?

Level of Care (LOC) training is required for:

- All CMAT and Medical Foster Care staff, including medical directors
- Community partners that participate in consensus building concerning LOC recommendations
- Statewide Medicaid managed care plans who have members receiving services recommended through the CMAT process

Florida
HEALTH

Important Points

At the conclusion of this training, please complete and submit the LOC Tool quiz. A certificate of completion will be sent to you.

LOC Tool Quiz

Please use the CMAT LOC for reference throughout the training:

CMAT LOC Tool

Florida
HEALTH

Course Objectives

- Prepare participants to objectively determine a child's LOC for medical foster care, nursing facility, or model waiver services
- Ensure consistency in recommendations across teams across Florida
- Review common difficulties encountered in determining LOC recommendations
- Review child-specific clinical and psychosocial information available to help guide LOC recommendations

CMAT Staffing Process

- CMAT staffings are led by CMAT staff from the Florida Department of Health.

- All information shared at a CMAT staffing is confidential and is shared only for the purposes of determining level of care.

- During the staffing, all CMAT members review the child's medical and psychosocial information as a group.

- Everyone present at the staffing is given an opportunity to provide updates or additional information.

- CMAT then determines if the child has a qualifying medical condition(s) that meets the definition of medical necessity.

LOC Tool: Medical Foster Care

- Medical necessity is the initial determination in the CMAT level of care process.
- CMAT medical director indicates the stability statement, based on the qualifying medical condition(s).
- Remaining four dimensions, should include co-morbid conditions (e.g., behavioral health, intellectual, or developmental conditions).
- Tool should be scored without regard to any support services (e.g., private duty nursing, personal care, or prescribed pediatric extended care).

Florida
HEALTH

LOC Tool: Medical Foster Care, continued

- Each dimension has categories indicated by a letter:
  - Corresponding number of points
  - Points added up to obtain the child's total score
- Total score determines a LOC which corresponds to the child's clinical conditions and needs
- There are three levels of care: Level 1, Level 2, and Level 3:
  - Level 1 has considerable care needs, Level 2 has moderate care needs, and Level 3 has extensive care needs.

Florida
HEALTH

LOC Tool: Medical Foster Care, continued

The summary section includes the child's name and date of determination, medical necessity information, including the qualifying medical condition(s) and co-occurring clinical condition(s).

Children's Multidisciplinary Assessment Team (CMAT) Level of Care (LOC) Tool

SUMMARY

Child's name (Last, First):	Date of determination:
Meets Medical Foster Care (MFC) medical necessity (check one): ☐ Yes ☐ No	LOC recommended:
Qualifying medically necessary medical condition(s):	
Co-occurring clinical condition(s):	
If eligible for MFC services, recommendation for time period for follow up staffing:	

Florida HEALTH

Medical Necessity

- Medical necessity for Medical Foster Care Program services should be the initial determination in the CMAT process, and determined by consensus building after the CMAT assessment is presented.

- If the child meets criteria for medical necessity, with a qualifying medical condition, then the remaining tool is completed.

- If medical necessity is not met, the evaluation is complete, and the child should be referred to more appropriate services.

Florida
HEALTH

Medical Necessity Criteria

MEDICAL NECESSITY FOR MFC SERVICES

Does the child meet medical necessity for MFC as defined in FAC 59G-1.010 *Medically Necessary* or *Medical Necessity* means that the medical or allied care, goods, or services furnished or ordered must meet the following conditions:	Yes	No
• Be individualized, specific, and consistent with symptoms or confirmed diagnosis of the illness or injury under treatment, and not in excess of the patient's needs.	☐	☐
• Be consistent with generally accepted professional medical standards as 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.	☐	☐
• Be furnished in a manner not primarily intended for the convenience of the recipient, the recipient's caretaker, or the provider.	☐	☐
Note: The fact that a provider has prescribed, recommended, or approved medical or allied care, goods, or services does not, in itself, make such care, goods, or services medically necessary or a medical necessity or a covered service.		

Go no further if scored "no." Child is not eligible for MFC services.

Florida
HEALTH

Medical Foster Care LOC Determination

Five Dimensions to Consider for Medical Foster Care Level of Care

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. Observation, assessment, and documentation required, based on the child's medical needs
5. Personal care needs and age appropriateness of those needs

Florida
HEALTH

Dimension One

1. Stability of the Child in a Home Setting

- This dimension is scored by the CMAT medical director:
  - CMAT medical director is the only member of the CMAT who can provide the stability statement.
- Stability decision should be based only on the qualifying medical condition(s) that create the medical necessity for medical foster care.
- All other conditions are co-occurring and may be considered as part of the other dimensions (2-5) but should not be considered in the determination of stability.

Florida
HEALTH

Dimension One, continued

Dimension One: Stability of the Child in a Home Setting (completed by the CMAT Medical Director)

Write the number of points for the description chosen in the column on the right-hand side. If the child's medical stability in a home setting does not present as a current concern based solely on the qualifying medical condition, the child may not meet medical necessity. If stability of the child is not a concern, review the decision determining medical necessity.

Category A (3 points)	Category B (6 points)	Category C (9 points)	Number of Points
• The child is at risk for, **or** occasionally experiences infrequent and predictable changes in medical needs due to the qualifying medical condition, **AND** • Child's medical condition requires that the caregiver understand, monitor, and be prepared to respond to possible predictable changes in medical needs of the child. *(Changes in medical needs are due to the qualifying medical condition only. Predictable changes may be based upon past changes in medical needs, and/or risks for changes in medical needs due to the child's qualifying medical condition.)*	• The child experiences frequent and predictable changes in baseline medical status, **AND** • Requires that the caregiver understand, monitor, and respond to predictable changes in medical needs of the child, **OR** • The child experiences infrequent and unpredictable changes in baseline medical status due to the qualifying medical condition, **AND** • Requires that the caregiver identify the child's medical needs when they emerge, **AND** • Have a plan to provide an effective response to both expected and unexpected changes in medical needs.	• The child experiences frequent and unpredictable changes in medical needs due to the qualifying medical condition(s), **AND** • Requires that the caregiver provide daily and ongoing monitoring of the child for frequent and unexpected changes in the child's medical needs, **AND** • Have a plan for identifying the changes in medical needs, **AND** • Is familiar with a wide variety of medical conditions, **AND** • Is able to choose and implement the most appropriate and effective response.	▾

Dimension Two

2. Child's Tolerance to Caregiver Delay or Error in Performing Tasks

This dimension requires that the reviewer consider the impact of delay or task error by the caregiver in the delivery of interventions, treatments, observations, medication administration, and appointments:

	Category A	Category B	Category C
Consequences of delay or error	Mild	Moderate	Severe
Required care	Within reasonable time frames	Structured	Stringent

Florida
HEALTH

Dimension Two, continued

Dimension Two: Tolerance to Delay and Task Error by Caregiver[1]

Write the number of points for the description you chose in the column on the right-hand side.

Note: If the child's tolerance for delay and task error does not present as a current concern in the outcome of the child's health care status, check this box ☐ and proceed to dimension 3. This dimension is then scored "0."

Category A (2 points)	Category B (4 points)	Category C (6 points)	Number of Points
• The child has a tolerance for delay in ongoing treatment and/or task error, with mild consequences due to delay or error in meeting the child's needs, **AND** • Requires that the caregiver provide the child's treatment needs within reasonable timeframes and accuracy. • (Mild consequences do not interfere with functioning, exacerbate clinical conditions, or pose a risk for immediate treatment or loss of life.)	• The child has limited tolerance for delay of ongoing treatment and/or task error, with moderate consequences due to delay or error in meeting the child's clinical needs, **AND** • Requires that the caregiver implement a prompt schedule of tasks that supports the timely and accurate provision of services required by the child. (Moderate consequences may include a decrease in functioning, an acute illness, a decline in general health status, or need for prompt treatment.)	• The child has no tolerance for delay of ongoing treatment and/or task error, with severe consequences from a delay or error in meeting the child's clinical needs, **AND** • Requires that the caregiver implement a stringent schedule of tasks to meet the child's medical needs. The stringent schedule of tasks includes complex procedures requiring specific knowledge of the child's condition and information to prevent medical errors. (Severe consequences include need for immediate treatment or loss of a major function or life.)	☐ ▾

[1] Impact and severity of consequences of a delay or task error in the child's medical needs.

Florida HEALTH

16

Dimension Three

3. Complexity and Intensity of Interventions

Categories for this dimension are based on:

- Level of complexity of interventions, ranging from simple to complex with advanced skills.
- Time and effort required for coordination of provider visits, ranging from routine medical appointments to intensive coordination with frequent visits with multiple provider types.

	Category A	Category B	Category C
Level of intervention Complexity	Simple—requiring basic skills	Complex—requiring moderate skill	Complex—requiring advanced skill
Goal of intervention	NA	NA	Preserves functioning or is life sustaining
Time required to monitor the intervention	NA	Every 4 hours	Hourly while awake to 24/7
Frequency of provider contacts (in person/ virtual visits, as well as telephonic questions between visits	Routine or frequent	Frequent visits with multiple provider types. Indicative of moderate service utilization	Frequent visits, which may include telephonic contacts in between visits to coordinate needs. Indicative of high service utilization
Utilization of health services	Routine service utilization	Moderate service utilization	High service utilization
Intensity of coordination of care	Routine	Moderate	Intensive

Dimension Three, continued

Dimension Three: Interventions

Write the number of points for the description you chose in the column on the right-hand side.

Note: If the interventions do not present as a current concern in the outcome of the child's health care status, check this box ☐ and proceed to dimension 4. This dimension is then scored "0."

Category A (4 points)	Category B (8 points)	Category C (12 points)	Number of Points
• The child's current clinical needs require simple interventions or treatments that require the caregiver to provide simple interventions which may include simple tasks that use in-home equipment and supplies, **AND/OR** • The child's current clinical needs require complex interventions that have been ordered but have not been administered in the past 6 months, **AND/OR** • Routine visits to health care providers that require coordination of routine health care visits related to the child's clinical condition. Simple interventions may include a simple series of steps or instructions requiring basic skills.	• The child's current clinical needs require complex interventions requiring moderate skill which may require making quick independent decisions without awaiting instruction by a health care professional, **AND/OR** • Support from multiple service provider types (specialists) that requires coordination of care, including health care visits, with multiple service provider types (specialists) that are not considered routine and are indicative of moderate service utilization for medical and co-occurring clinical conditions. (Complex interventions involve a series of instructions or steps requiring either moderate or advanced skills; AND/OR must be tailored to the child's clinical or developmental condition requiring more time or skill to complete.)	• The child's current clinical needs require complex interventions or treatments that require advanced skill or continuous monitoring (may include intervention or treatment for co-morbid conditions), **AND** • The complex interventions are frequently required (up to three times a week) or ongoing in order to maintain functioning and to prevent or respond to life threatening events, **AND/OR** • Either moderate or frequent support from and visits to multiple specialist providers (high utilization of health services) that requires intensive coordination of care with multiple service provider types for medical and co-occurring clinical conditions.	▢ ▾

Dimension Four

4. Observation, Assessment, and Documentation

- This dimension requires an evaluation of the amount of time or frequency required for observation, type of assessment, and documentation.
- The team members will determine if the amount and complexity of observation, assessment, and documentation the caregiver must provide requires greater amounts of time or special skills.
  - Required time for child observation may be elevated by risk factors.

	Category A	Category B	Category C
Observation time	Routine	Frequent (at least every 4 hours)	Ongoing (hourly while awake or 24/7)
Extent of assessment and interpretation	Routine with occasional additional assessment/interpretation as needed.	Detailed assessment/interpretation of assessment findings to develop plan of action	Comprehensive is ongoing assessment/interpretation of needs
Level of documentation	Routine with standard documentation. as needed	Detailed documentation including the findings from the assessment frequency, the implemented plan of action and results	Comprehensive documentation is of changes noted in condition based on ongoing observation, findings and plans of action based on interpretation.

Dimension Four, continued

Dimension Four: Observation, Assessment, and Documentation

Write the number of points for the description you chose in the column on the right-hand side.

Note: If Observation, Assessment, and Documentation do not present current concerns in the outcome of the child's health care status, check this box ☐ and proceed to dimension 5. This dimension is then scored "0."

Category A (2 point)	Category B (4 points)	Category C (6 points)	Number of Points
• The child's current clinical needs require routine observation (appropriate to the chronological and developmental stage of the child) to ensure the safety and well-being of the child, **AND** • Routine with potential for occasional detailed/moderate assessment of the child's status.	• The child's current clinical needs require frequent (at least every four hours) observation and monitoring, **AND** • Detailed (moderate) assessment requiring interpretation to formulate a plan of action, **AND** • Implementation action plan and detailed documentation of observation, assessment, plan of action, and results.	• The child's current clinical needs require ongoing or (24/7) observation (child must be continuously monitored while awake or 24/7), **AND** • Comprehensive assessment requiring interpretation to formulate a plan of action, **AND** • Implementation of action plan and comprehensive documentation of observation, assessment, plan of action, and results.	▾

Dimension Five

5. Personal Care Needs

- Personal care ratings are based on required care related to the child's clinical conditions, including co-occurring conditions that prevent the child from functioning at an age-appropriate level for personal care needs as well as activities of daily living.

- Category determination is calculated according to the extent to which the child's personal care needs are more than that of a developmentally age-appropriate child, and not on the personal care and activities of daily living needs that are typically deemed chronologically developmentally appropriate.

	Category A	Category B	Category C
Need for personal care	Developmentally appropriate	Not developmentally or age appropriate	Significantly developmentally or age delayed.
Personal care time/frequency	More frequent or time consuming than typically required	More time frequent or time consuming than typically required	More time frequent or time consuming than typically required
Need for assistance with ADLs	Developmentally appropriate	Not chronologically age appropriate	Significantly developmentally or age delayed.
ADL time/frequency	NA	ADLs require some assistance	Total care for the majority of all of the child's ADLs

Florida
HEALTH

Dimension Five, continued

Dimension Five: Personal Care[2]

Write the number of points for the description you chose in the column on the right-hand side.

Note: If the child's need for personal care does not present as a current concern, check this box ☐ and proceed to the next section. This dimension is then scored "0."

Category A (3 point)	Category B (6 points)	Category C (9 points)	Number of Points

• Although the required personal care assistance is developmentally or age appropriate, the child requires personal care assistance more frequently than is normally required,
 	
       OR
 	
• Personal care assistance requires more time to complete than is typically required.
	• The child's ability for personal care is not developmentally or age appropriate and requires more assistance with personal care than is typically required (with more than one aspect of the child's personal care),
	
	       AND
	
	• Daily assistance with some activities of daily living (ADLs).
	
	(ADLs include personal care, mobility, dressing, and eating).
		• The child's ability for personal care is significantly developmentally or age delayed, and the child requires total care for most or all of the child's personal care needs, and support of most ADLs.	☐ ▾

---

[2] Required care due to the child's clinical condition(s), including co-occurring conditions.

LOC Tool Scoring

- After completing the tool, add the scores across each of the five dimensions. Compare the total score with the range of scores noted in this section of the tool.

- Review the definitions of each of the LOCs for the child and the caregiver and compare with the LOC determination based upon the tool score.

- Confirm that the corresponding definition of the resulting tool score describes the child's clinical conditions and needs.

Florida
HEALTH

LOC Tool Scoring

LEVEL OF CARE TOOL SCORING

Copy the score for each dimension (including any "0s"), and total. Then put a check mark in the appropriate LOC based upon the total score.

Dimension	Score Values
1. Stability of the Child in a Home Setting	A = 3 B = 6 C = 9
2. Tolerance to Delay and Task Error	A = 2 B = 4 C = 6
3. Interventions	A = 4 B = 8 C = 12
4. Observation, Assessment, and Documentation	A = 2 B = 4 C = 6
5. Personal Care	A = 3 B = 6 C = 9

Dimension	Score
1. Stability	0
2. Tolerance	0
3. Interventions	0
4. Observation	0
5. Personal Care	0
Total Score	0

Category Points		Child's LOC
Level I	3-14 points	
Level II	15-28 points	
Level III	29-42 points	

LEVEL OF CARE DEFINITIONS

Level One (3-14 points)	Level Two (15-28 points)	Level Three (29-42 points)
The client is at risk for, or is experiencing, infrequent and predictable changes in medical needs. The children's clinical needs require simple interventions, medical management, reliable observation and documentation by a trained caregiver.	The client is experiencing frequent and predictable changes in medical needs or infrequent and unpredictable changes in medical needs. The child's clinical needs can be met by a caregiver that provides regular observation, significant medical management, complex interventions, and is prepared to meet both anticipated and unanticipated events.	The client is experiencing frequent and unpredictable changes in medical needs. The children's clinical needs can be met in a home setting by a caregiver who provides ongoing observation and assessment, daily significant medical management and healthcare management, and is prepared to intervene when the client experiences both anticipated and unanticipated events.

Florida HEALTH

Challenges to Determining an LOC

- Quality of the medical and psychosocial assessment and the additional information provided by CMAT attendees are critical to the success of the CMAT process.

- Tolerance to delay, the observation, assessment, and documentation and the personal care domains are the areas that are open to interpretation.

- CMAT members may disagree from time to time on scoring.

- Each child and situation must be considered individually.

- Stability is the sole responsibility of the CMAT medical director.

Florida
HEALTH

Medical Foster Care
LOC Case Studies

Medical Foster Care Case Study #1

Jimmy Jones is a six-year-old with diabetes mellitus that was just diagnosed two years ago. He gets routine insulin twice a day and as-needed doses depending on his blood sugar. He must 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 six months for diabetic ketoacidosis, but not since going into foster care. He also has exercise-induced asthma and uses his inhaler before playing outside.

He is independent in his activities of daily living other than needing occasional reminders to brush his teeth or take a shower. He is in the first grade and doing well in school. He has three visits per week with his parents, with the goal of reunification. He is often very hyperactive and upset when he returns from family visits.

How would you score this child?

Florida
HEALTH

Medical Foster Care Case Study #1 Results

Stability: Child has had two hospital admits in the past six months, but none while in foster care. He is reported to have lots of highs and lows of blood sugar.

B – 6 points

Tolerance to Delay: Failure to monitor blood sugar or administer insulin could cause loss of functioning or life. Failure to use inhaler could result in loss of functioning.

C – 6 points

Interventions: Insulin-dependent diabetic, not controlled for six months. Also, ongoing observation to prevent loss of life.

C – 12 points

Observations: Must check blood sugar and formulate a plan regarding insulin administration and implement that plan. Needs ongoing observation.

C – 6 points

Personal Care: Age appropriate.

0 points

Total: 30 points = LOC 3

Medical Foster Care Case Study #2

Susie Loo is a 12-year-old with second-degree burns on her arms, cheek, and perineal area caused by her parent throwing scalding 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 physical therapy and occupational therapy three 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 and there is no visitation with her mother.

How would you score this child?

Medical Foster Care Case Study #2 Results

Stability: Child is experiencing frequent and predictable changes in needs.   **B – 6 points**

Tolerance to Delay: While burn care dressing is important; it is not dependent on a specific time of day.   **A – 2 points**

Interventions: Frequent visits to providers out of home. Burn care that requires pre-medication. Because the burn care is a higher level of complexity, you would score Interventions as a C – 12 points.   **C – 12 points**

Observations: Burn areas need to be observed twice a day and level of pain must be assessed. A plan of action must be formulated.   **B – 4 points**

Personal Care: Twelve-year-old who needs assistance with activities of daily living. Also not sleeping well, with nightmares.   **B – 6 points**

Total: 32 points = LOC 3
The personal care needs increased the level, not the interventions.

Medical Foster Care Case Study #3

Penny Loafer is a newborn infant who was born at 26 weeks gestation. She has been in the neonatal intensive care unit for four 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 four hours and is on Diuril, which is considered a complex medication. She is also a slow by-mouth feeder, and each feeding can take up to an hour, with a specific feeding program. Her weight is low, so she is fed every three hours, through the night as well. Because of her weight, she must go to her primary care physician for weekly weight checks.

There is a referral for Early Steps. She also must be seen by cardiology, pulmonology, ophthalmology, and gastroenterology.

How would you score this child?

Florida
HEALTH

Medical Foster Care Case Study #3 Results

Stability: Baby is on apnea monitor with occasional low heart rate alarms. Also, on oxygen.

C – 9 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, this could result in loss of functioning or life.

C – 6 points

Interventions: Continuous oxygen administration, complex medications, special feeding techniques. There is a C-level intervention, so that level will be the score.

C – 12 points

Observations: Oxygen and apnea monitor are 24-hours per day. Must be able to assess and formulate a plan.

B – 4 points

Personal Care: Every three-hour feedings for an infant is not uncommon. However, because of size and prematurity, feeding may require more time.

A – 3 points

Total: 36 points = LOC 3

As the baby grows and gets stronger, it is possible that the apnea monitor, and oxygen may be discontinued when the next staffing occurs. These changes could potentially decrease the level of care, which would require a notice of the right to appeal.

Nursing Facility and Model Waiver Services

Nursing Facility LOC

- CMAT members determine if the child meets the definition of medical necessity.
- CMAT medical director determines the appropriate stability statement.
- CMAT members independently determine the appropriate LOC according to defined criteria and necessary interventions.
- Chosen category description is reviewed to ensure it aligns with the child's clinical condition and medical needs.

Model Waiver LOC

- Nursing Facility LOC Guidelines Tool is used (as they must meet nursing facility eligibility criteria and some additional requirements) for model waiver services.

There is no formal training on the Nursing Facility LOC Guidelines Tool.

Florida
HEALTH

Right to Appeal a CMAT Recommendation

- When consensus cannot be reached by the CMAT, the Medicaid Managed Medical Assistance Plan is authorized to make a final decision.

- Biological parent or legal guardian has a right to appeal the CMAT recommendation to deny, decrease, stop, or change a service.

- Managed Medical Assistance Plan must notify the biological parent or legal guardian of the appeal process.

- Medical foster parents and medical providers do not have the right to appeal a recommendation.

- The result of a timely appeal is a Medicaid Fair Hearing, where the decision is binding on all parties.

Florida
HEALTH

Attendance and Confidentiality Statement

- Each person attending a CMAT staffing will have their name, address, and phone number recorded on the CMAT attendance sheet.

- The confidentiality statement will be read before each child is staffed so there is full understanding of the purpose of the staffing and the information shared.

- CMAT nurse or social worker will keep a copy of all attendance sheets, LOC scoring, and assessments in the child's electronic health record.

Florida
HEALTH

Completion of CMAT Training

- To receive a certificate of completion for this training, please complete the LOC tool quiz. **A score of 80% or greater is needed to pass.**

- Email zzzzFeedbackCMSCMAT@FLhealth.gov when you have completed the quiz.

- Your quiz will be scored, and you will receive your certificate of completion to be shared with your local CMAT staff members.

Florida
HEALTH

Questions

Please email zzzzFeedbackCMSCMAT@FLhealth.gov
or contact your local CMAT staff members.

Florida
HEALTH