

**MEDICAL FOSTER CARE CHARGE:** Identify and implement strategies to educate leaders and key stakeholders to inform decision-making about the need for and benefit of expanding the use of Medical Foster Care as an alternative to congregate care for children with developmental disabilities in CYF care or custody.

APPROACH	Medical foster care	To Do
<p><b>Networking</b> Take stock of existing networks and relationships</p>	<p>EXAMPLES: Connect with participants in recent MFC working group. Join any continuing efforts. Identify other relevant stakeholders. Consider names from “Stakeholder Grid” from Oct. 19</p> <p>DISCUSSION: Philadelphia Medical Foster Care group</p> <ul style="list-style-type: none"> <li>• Working on funding for Policy white paper</li> <li>• Define “Medical Foster Care”- foster care where Medicaid can be billed and foster parents have additional training and provide additional level of support</li> <li>• Broad consensus that there aren’t enough families is not necessarily due to lack of willing families. Also reflects willing families who cannot get adequate support (for many reasons, eg. complications with funding dependent on level of care determined for each kid)</li> </ul> <p>Fostering Health Program/CHOP-Philadelphia</p> <ul style="list-style-type: none"> <li>• Coordinator- Judy Dawson</li> <li>• Foster care/OCYF only</li> </ul> <p>Central County DHS- Health Management Unit</p> <ul style="list-style-type: none"> <li>• Philadelphia only</li> </ul> <p>DHS PA Child Welfare Advisory Council-statewide</p> <ul style="list-style-type: none"> <li>• Proposed new advisory council not clear if initiated</li> </ul>	<p><b>Karen-</b> liaison between Imagine Different MFC workgroup and Philadelphia MFC workgroup</p> <p><b>Symme-</b> check in with Fostering Health Program/CHOP</p> <ul style="list-style-type: none"> <li>• Find out whether program includes kids in Child Welfare care who are living in facilities, not in foster families</li> </ul>
<p><b>Policy pairing</b> Identify key state agency leaders and/or influencers</p>	<p>EXAMPLE: Match key state agency staff with influence on MFC with Coalition member.</p>	<p><b>Karen-</b> ask Ellen W for update on Medical Foster care transmittal, proposed 3131 regulations, and</p>

	<p>DISCUSSION:</p> <p><b>Cathy Utz</b>- ask for update on DHS PA Child Welfare Advisory Council and 3131 regulations</p> <p><b>ODP</b>-comments on proposed regulation changes</p> <ul style="list-style-type: none"> <li>• Apply to Lifesharing homes and other placements</li> <li>• Don't address children at all- draft new section for application to kids?</li> <li>• 3800 are not excluded? Medical foster care might be regulated by these?</li> <li>• ID or Autism but not other developmental disabilities</li> <li>• Very little about medical oversight other than medication administration</li> <li>• Could include requirements for training <ul style="list-style-type: none"> <li>○ Permanency planning</li> <li>○ Kids with special health care needs</li> </ul> </li> <li>• Caregiver to resident minimum ratios in 6400s -Could suggest that kids shouldn't be placed in homes larger than certain number</li> <li>• 6100s – how to calculate costs- not clear how support for children with complex medical needs are reflected in costs</li> <li>• Pre-admission process not covered- determining what setting is appropriate <i>before</i> a kid moves in</li> <li>• Oriented to adults—no reference to parents of minors. E.g., individuals designate others to participate in planning rather than requiring parents to participate in planning</li> <li>• No reference to coordination with OCYF</li> </ul>	<p>Advisory Council</p> <p>Write letter to Cathy Utz?</p> <ul style="list-style-type: none"> <li>• Make sure to incorporate all child welfare issues in one letter</li> <li>• Could include invitation to LBC meetings</li> <li>• Need to coordinate with Steering Committee and other strands <ul style="list-style-type: none"> <li>○ Follow up Dec 20 meeting with letter to each Deputy with issues specific to their department</li> </ul> </li> </ul> <p>ODP Regulations comments</p> <ul style="list-style-type: none"> <li>• <b>Rachel, Tanya, Maureen D, Nancy, Karen</b>- meet to draft comments</li> <li>• <b>Katie</b>- email Maureen and Tanya re: time</li> </ul>
<p><b>Leading by convening</b> Identify topical convenings and needed participants</p>	<p>EXAMPLES: Organize a series of events inviting key stakeholders to address specific areas:</p> <ol style="list-style-type: none"> <li>1. What is the status of recommendations submitted by MFC working group?</li> <li>2. What areas need specific attention for children with DD?</li> <li>3. What have other states done with waivers for child welfare?</li> </ol> <p>DISCUSSION</p>	

<p><b>Ground swell</b> Identify key stakeholders to be brought along and information to sway them</p>	<p>EXAMPLE: Disseminate MFC recommendations to key stakeholders.</p> <p>DISCUSSION: Two documents are out for public comment—proposes ODP rule changes and Medicaid waiver amendments</p> <p>Background and history of Medical Foster Care workgroup, transmittal on Medical Foster Care, and proposed 3131 regulations to replace 3100s</p> <p>Caution about terminology when referring to MFC</p> <ul style="list-style-type: none"><li>• “Medical” may be broad to include disabilities and behavioral health</li><li>• “In foster care” may mean children under OCYF generally or children in foster families</li></ul>	
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