



**PARTNERS IN CARE: TOGETHER FOR KIDS**

**OPERATIONAL PLAN INSTRUCTIONS  
AND GUIDANCE**

November 2021

## **Partners in Care: Together for Kids Operational Plan Information and Instructions**

**Purpose:** To provide hospice providers with instructions and procedures necessary for the completion and submission of their Partners in Care: Together for Kids (PIC:TFK) Operational Plan.

**Submission Requirements:** An electronic copy of the Operational Plan is to be submitted to the Department of Health (DOH) via email.

**Format:** Processes should be defined and clearly communicated with each response. Please write the responses in the order presented in this document, starting with question one. Pages are to be double spaced in font size 12 and numbered.

**Length:** The length of the Operational Plan should be no more than 25 pages, excluding attachments.

**Reference:** The Operational Plan must meet the requirements of the most current PIC:TFK Program Guidelines.

**Review Process:** The Operational Plan will initially be reviewed by DOH. Once requested edits are completed and the Operational Plan is resubmitted to DOH, the Operational Plan will be reviewed by the Agency for Health Care Administration (AHCA). Additional edits may be requested at this time. Once the final edition of the Operational Plan has been submitted and approved by DOH, a notification of intent to implement the PIC:TFK Program will be made by DOH to AHCA, informing AHCA that the provider has met all the requirements to be a PIC:TFK provider.

**Technical Assistance and Training:** Technical assistance (TA) and training will be scheduled by DOH and the CMS HealthPlan with the PIC:TFK site within three months of implementation. Training will include a review of PIC:TFK Program Guidelines and additional PIC:TFK resources.

**Implementation:** Site implementation dates are contingent upon the new PIC:TFK Provider having a signed provider contract with the CMS HealthPlan.

## Operational Plan Requirements

**Instructions:** Review of the program's PIC:TFK Program Guidelines is critical to understanding the information requested. Upon request, DOH will provide TA with regards to the processes in this document, review of the items listed below and answer any questions the local hospice provider committee may have. A detailed response is required for the information requested. Supporting materials should be referenced in an Appendix. Process should be the primary focus of each response when possible.

This is not a competitive process. The purpose of the plan is to provide the local hospice provider the opportunity to detail their plans and vision for implementing the PIC:TFK program.

**Each site will develop and submit a site-specific PIC:TFK Operational Plan that must include but is not limited to items 1-17.**

1. Program Mission/Vision Statement: State a mission and vision statement for PIC:TFK that is inclusive of support for children from the time of diagnosis, during active treatment and to the end of life if necessary. If the PIC:TFK mission is different from an existing hospice pediatric program, note the difference.
2. Provide a brief overview of the local hospice pediatric program service delivery system. Include the number of children served during the last year, the type of services provided, how the services are provided and who provides the services (include staffing and experience). The response should provide the reader a clear and concise vision of the hospice's pediatric program. If there is not an established pediatric component in the hospice program, a business plan to establish a program must be included as an attachment. At a minimum, the business plan must include a description of available services, referral and admission policies, sample consent forms, and policies that address Cardiopulmonary Resuscitation (CPR), Do Not Resuscitate (DNR), and emergency procedures. The description should address the integration of the plan of care with the family and the pediatric hospice team.
3. Identify areas to be served by county, current and projected capacity for enrollment.
4. Provide a statement detailing current hospice licensure along with a copy of the hospice license.
5. Define the overall extent to which your local PIC:TFK program will meet Children's Hospice International Program of All-Inclusive Coordinated Care (ChiPACC®) Standards and the PIC:TFK Program Guidelines. Identify any standards that will be a challenge and plans to address such challenges.
6. Describe how the pediatric medical community is connected to the hospice program and how those partnerships will be leveraged within the PIC:TFK Program to improve the local system of care for children and youth with special health care needs. Include specific communications strategies that are/will be utilized.
7. Describe how PIC:TFK will provide family-centered care.
8. Describe how PIC:TFK will demonstrate cultural sensitivity.
9. Describe the PIC:TFK process that will be implemented when conducting the initial provider assessment. Include how the program will ensure that initial assessments will be provided within 10 working days from the day the referral is received.
10. Identify for **each** of the PIC:TFK services, who will provide the service and how the service will be delivered. If volunteers will be used, define their role and how they will be trained.

11. Identify the staff positions, by title, who will be directly involved in the delivery of PIC:TFK services and the pediatric experience required of the positions.
12. Identify the staff position(s) in hospice that will be responsible for PIC:TFK billing and reporting.
13. Identify the staff position(s) that will be responsible for management of the PIC:TFK program and who will serve as the primary contact for PIC:TFK issues.
14. Describe the PIC:TFK program's projections for enrollee-serving capacity (total active enrollees at any one time) in one year, three years, and five years, respectively.
15. Describe how after-hours care will be provided and by whom.
16. Describe the process to be implemented when families have the choice of electing full hospice/concurrent care services for their child including how this decision will be initiated.
17. Describe how ethical issues will be addressed.
18. Describe the process for how PIC:TFK will be included in quality assurance and improvement activities.