



**Florida's Program for All Inclusive Care for
Children**

PARTNERS IN CARE: TOGETHER FOR KIDS

PROGRAM GUIDELINES

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PARTNERS IN CARE: TOGETHER FOR KIDS - INTRODUCTION AND PURPOSE

The Partners in Care: Together for Kids Program is designed to enable children with a life-threatening illness, and their families, to access a support system that is continuous, compassionate, comprehensive, culturally sensitive and family centered from the point of diagnosis, with hope for a cure, through the provision of end of life care, if needed. The Program seeks to identify and remove barriers that prohibit access to pediatric palliative care that is a compassionate, comprehensive, coordinated blend of services that support both curative and comfort care while preserving the quality of life for children with life-threatening illnesses. Each PIC:TFK Program strives to support families and caregivers of children with life-threatening illnesses as they work to manage their lives given the circumstances brought about by the child's illness.

The purpose of this document is to identify statewide standards, policies, and procedures that are required to implement and maintain the Partners in Care: Together for Kids Program. These Guidelines take into account requirements of the following:

- Chapter 409.912(11), Florida Statutes
- Applicable Contracts
- Florida's Medicaid 1115 Managed Medical Assistance Waiver
- Florida's Title XXI Child Health Insurance State Plan (Florida KidCare)
- Children's Hospice International Program of All-Inclusive Coordinated Care (PACC) Model (formerly known as the Program for All-Inclusive Care for Children)
- Agency for Health Care Administration
- Department of Health (Children's Medical Services)
- Florida Hospice and Palliative Care Association

DEFINITIONS

Children's Medical Services (CMS) Health Plan - A specialty plan option for Medicaid and Florida KidCare recipients that are under age 21 and have chronic and serious physical, developmental, behavioral, or emotional conditions.

Enrollee – A child enrolled in the CMS HealthPlan.

Life-Threatening Condition or Illness – A serious condition or illness that could cause death.

Multidisciplinary Team – A team that includes a range of health professionals, from one or more organizations, working together to deliver and coordinate comprehensive patient care. The PIC:TFK MDT involves the PIC:TFK Provider and the CMS case manager at a minimum and works routinely to coordinate the needs of the CMS HealthPlan enrollee.

Partners in Care: Together for Kids (PIC:TFK) – Florida's Program of All-Inclusive Care for Children (PACC).

PIC:TFK Operational Plan – A Plan developed by each PIC:TFK site that outlines the implementation and operating framework for that PIC:TFK location.

PIC:TFK Plan of Care – A document that outlines the services to be provided to meet the enrollee's needs and includes goals and plans for interventions to accomplish such goals. The PIC:TFK Plan of Care template is found in Attachment 5 of these guidelines.

Program of All-Inclusive Care for Children (PACC) – A palliative care model providing pediatric palliative care to enrollees of the CMS Plan who have special health care needs and a potentially life-threatening condition. Services are provided from the time of diagnosis throughout the treatment phase of their illness, including end-of-life care, to reduce hospitalizations. PACC is the name of the national program model.

PACC Annual Recertification Period – The Agency-determined date by which enrollees participating in the PACC model must be annually recertified as medically eligible for the PACC model. To recertify, the child's PCP or specialty physician must recertify that the child remains diagnosed with a potentially life-threatening condition and is at risk of death prior to reaching twenty-one (21) years of age.

SECTION 1 - PROGRAM HISTORY

Children's Hospice International (CHI) is a non-profit organization founded in 1983 to promote hospice support through pediatric care facilities. CHI encourages the inclusion of children in existing and developing hospice and home care programs and to include hospice perspectives in all areas of pediatric care, education and the public arena. With technical assistance from experts in pediatrics, hospice, and palliative care, and the Centers for Medicare and Medicaid Services (The Centers), CHI developed its Program for All-Inclusive Care for Children, now called the Program of All-Inclusive Coordinated Care (ChiPACC®). The ChiPACC® model provides a continuum of care for children and their families from the time that a child is diagnosed with a life-threatening illness, with hope for a cure, through the bereavement process, if cure is not attained.

On May 12, 2000, the U.S. Health Care Financing Administration (HCFA/The Centers) released a PACC grant solicitation announcement through State Medicaid programs. Florida's Agency for Health Care Administration (AHCA) contacted Florida Hospice and Palliative Care Association (FHPCA) and the Department of Health (DOH), Children's Medical Services (CMS) to form a partnership to develop the PACC grant proposal. A research and demonstration grant proposal was submitted to HCFA (The Centers) on July 31, 2000. The first year grant award was received by AHCA on September 30, 2000. Positions were established in AHCA and DOH (CMS), in addition to a contract position through the FHPCA. Year one of the grant was dedicated to the development of a mutually agreeable PACC model that would meet Florida's needs and support the PACC model. The efforts of the workgroup resulted in the creation of the Florida PACC model called, Partners in Care: Together for Kids Program (PIC:TFK).

In Fiscal Year (FY) 2001, CHI awarded a congressional appropriation of \$855,000 to develop a PACC in each of the original five states and added Colorado as a sixth demonstration state.

In FY 2002, an additional appropriation from the Department of Defense budget was made to CHI through sponsorship of Congressman John Murtha (PA) to include Walter Reed Army Medical Center as a PACC site. The six PACC states also received their last year of PACC funding to support planning and development activities in 2003.

At the program's inception, the PIC:TFK Steering Committee was created to assist the Department of Health and the Agency for Health Care Administration in planning, development, implementation, review and oversight of the PIC:TFK Program. Through quarterly meetings, the committee worked to coordinate and successfully establish the PIC:TFK Program in Florida.

On February 11, 2015, it was the consensus of the PIC:TFK Steering Committee members that the committee had met its charge; as the historic roles of planning, development and implementation were no longer a need and the role of program review and oversight is assumed under the newly developed CMS Health Plan.

In 2019, the Department of Health partnered with a new vendor to operate the CMS Health Plan. This collaboration included the delivery of the PIC:TFK Program. PIC:TFK services did not change with this transition. However, a prior authorization process was implemented and all billing for PIC:TFK claims was directed to the vendor. A workgroup was also formed to identify and provide feedback related to ongoing challenges, identify and create solutions for improved program performance, and collaborate in information sharing and learning opportunities.

SECTION 2 - FLORIDA PACC MODEL - PARTNERS IN CARE: TOGETHER FOR KIDS

CHILDREN'S MEDICAL SERVICES (CMS) HEALTH PLAN

The CMS Health Plan provides a comprehensive system of care for enrollees that is centered around the enrollee and the enrollee's family's unique needs. The PIC:TFK model provides additional support services for CMS Health Plan enrollees who have a life-threatening illness.

POPULATION SERVED

Florida's Partners in Care: Together for Kids (PIC:TFK) Program is available to enrollees of the CMS Health Plan who have a life-threatening illness, as certified by their primary care physician or specialty physician. There is no set diagnostic criteria for eligibility, rather, enrollees are identified through care coordination and care management activities. Children can be in any stage of their illness trajectory. This program is voluntary and family choice will be honored.

AUTHORITY

Florida Medicaid 1115 Managed Medical Assistance Waiver
Florida's Title XXI Child Health Insurance State Plan
Chapter 409.912(11), Florida Statutes
Applicable Contracts

SECTION 3 - PROGRAM IMPLEMENTATION

PROGRAM REQUIREMENTS

Hospice agencies licensed under Chapter 400, Part VI, Florida Statutes, with pediatric palliative care programs and who meet current ChiPACC® Standards and Guidelines, are eligible to submit an Operational Plan.

OPERATIONAL PLAN

Each site will develop and submit a site-specific PIC:TFK Operational Plan in accordance with Attachment 1, *Operational Plan Instructions and Guidance*. This is not a competitive process. The purpose of the Operational Plan is to provide the local hospice provider the opportunity to detail their plans for implementing and operating the PIC:TFK Program. Programs can only submit an Operational Plan for a PIC:TFK Program in the counties covered by their hospice license. There is no limit to the number of PIC:TFK providers in an area, as long as the above program requirements are met.

MEMORANDUM OF AGREEMENT

Once the review process is completed, the Department of Health (DOH) and the hospice provider will enter into a Memorandum of Agreement (MOA) using the DOH approved template. The MOA will detail the scope of work, tasks, and deliverables to maintain a PIC:TFK Program. At the time of the first contract monitoring and as needed, each program site will receive training and technical assistance related to the contents of the guidelines in this document and any associated materials.

SECTION 4 - ELIGIBILITY, SERVICES, AND UTILIZATION

ELIGIBILITY

Florida's Partners in Care: Together for Kids (PIC:TFK) Program is available to enrollees of the CMS Health Plan who have a life-threatening illness, as certified by their primary care physician or specialty physician. There is no set diagnostic criteria for eligibility, rather, enrollees are identified through care coordination and care management activities. Children can be in any stage of their illness trajectory. The CMS Care Manager, their supervisor, or another representative on the child's CMS care team, is responsible for identifying children and families who could benefit from PIC:TFK services. The enrollment limits for Title XIX children enrolled in PIC:TFK as required by AHCA is 940 enrollees annually (will be determined by state fiscal years). The enrollment goals for the Title XXI children enrolled in PIC:TFK as stated in the 2017 Florida CHIP State Plan Amendment is 150 enrollees. Children served by the PIC:TFK Program may be served by other waivers.

The PACC/PIC:TFK model is unique in offering access to pediatric palliative care support services from the time of diagnosis, throughout treatment, with hope for a cure, and to the provision of end of life care, if needed. Therefore, program sites are expected to serve children who are in the following trajectories of their illness:

- Newly Diagnosed Stage: Children diagnosed within the last three months and who may be in curative care. They may have treatments or interventions.
- Mid-Stage: Children who are four months or more post-diagnosis and who are on active treatment or intervention.
- End of Life Stage: Children who are four months or more post-diagnosis and who are not responding to a normal course of treatment or interventions for their diagnosis and future options are limited.

CMS will strive to enroll children in each of the three eligibility categories established for the PIC:TFK Program.

PARTICIPATION

Enrollee participation in the PIC:TFK Program is voluntary. To participate, the enrollee must elect to receive at least two different PIC:TFK services within a three month period or forfeit PIC:TFK participation. There is no limit to the amount of time a child can be enrolled in PIC:TFK, providing the annual re-certification is signed by the primary care physician or specialty physician, and the family or enrollee is receiving at least two services during the three month period.

PHYSICIAN CERTIFICATION

After ascertaining family interest, the CMS Care Manager will initiate the referral by first obtaining a signature of certification from the child's primary care or specialty physician stating that the child is medically eligible for the PIC:TFK Program and has a life-threatening illness using Attachment 2 *PIC:TFK Referral Form*. The child must be re-certified on an annual basis using Attachment 3 *PIC:TFK Physician Re-certification Form*.

REFERRAL

After obtaining physician certification, the CMS Care Manager will send the completed Attachment 2 *PIC:TFK Referral Form*, along with the enrollee's most recent CMS HealthPlan assessment or doctor's medical case notes, to the PIC:TFK Provider.

REPORTING

Each child who is referred to hospice for a pediatric palliative care assessment must be tracked by the

CMS Health Plan. All referral, enrollment, and utilization data is reviewed by the DOH.

Additionally, PIC:TFK providers provide monthly pending referrals, active enrollees, discharged or referral dispositions to the DOH.

FAMILY CHOICE

Whenever an enrollee elects PIC:TFK services, the enrollee must choose one (1) hospice as the designated PIC:TFK provider. If there is more than one (1) PIC:TFK provider in the service area, then the CMS Health Plan shall ensure the enrollee's family has a choice of one of the available PIC:TFK providers. The family must make the choice of which PIC:TFK provider to use.

If another PIC:TFK provider is available, the enrollee or the enrollee's authorized representative may change to another provider one (1) time during the enrollee's annual re-certification period. The CMS Care Manager must work with the enrollee's family to make this transition. Documentation of this change must be included in the CMS Care Managers' documentation, the PIC:TFK Provider's records, and in the PIC:TFK Plan of Care. Such change requires the signature of the enrollee or the enrollee's authorized representative and must include the date the change is effective and the names of the provider where the enrollee was receiving care and the provider where the enrollee will receive care, using Attachment 4, *PIC:TFK Discharge or Transfer Form*.

TRANSFER DUE TO MOVE

Children enrolled in PIC:TFK who move to a different location in Florida may be enrolled in another PIC:TFK Program site if one exists in the enrollee's new location.

TRANSFER TO HOSPICE CARE

To dis-enroll from PIC:TFK and convert to full hospice care, the enrollee or the enrollee's authorized representative must complete an election statement with the hospice. The CMS Health Plan must retain a copy of the signed election statement.

DISCHARGE

In order to dis-enroll the child from the PIC:TFK Program, the hospice provider will complete and submit the disenrollment form to the CMS Care Manager upon discharge, using Attachment 4, *PIC:TFK Discharge or Transfer Form*.

PIC:TFK SERVICES

PIC:TFK services are to be provided in the home whenever possible. At the request of the enrollee or family, services may be provided in the following settings: home, school, and hospice facility. PIC:TFK services provide a specialized level of palliative care and specialized hospice nursing care, therefore PIC:TFK providers must ensure that justification for this specific level of care is documented in the child's plan of care and medical record. PIC:TFK services shall not be provided in a nursing facility or hospital. When providing PIC:TFK services, hospice staff should wear PIC:TFK Identification rather than hospice identification since PIC:TFK children are not enrolled in hospice.

Support Counseling

The purpose of this service is to provide the level of psychosocial support to the child and family that is necessary to reduce stress and increase quality of life.

This service includes individual or group face to face support counseling for child and family unit in the home, school, or hospice facility, provided by a licensed therapist with documented pediatric training and experience. It does not include bereavement support counseling. Each discipline must meet hospice-licensing standards as established in 400.609, Florida Statutes and the respective statute governing their

discipline. In addition, each participating discipline must have pediatric training and experience. Social workers who provide support counseling must be licensed with documented pediatric hospice training and experience and must provide services face-to-face. Spiritual support counseling is included in this service if requested by the child, family or caregiver. This service may be provided face-to-face in the home, school, or hospice facility. PIC:TFK services cannot be provided in the hospital.

Bereavement Support

The purpose of this service is to provide support for families/caregivers who were involved in the child's life and care or who had a close relationship to the child.

While not a PIC:TFK reimbursable service, this service is for bereavement support counseling extending from the time of the child's death through the next 12 months. Services are to be provided by a hospice-qualified practitioner trained and experienced in support counseling for pediatric loss and who meets licensing requirements of Chapter 400.609, Florida Statutes. This service is limited to persons who had a collateral relationship to the deceased child. Bereavement support services do not have to be provided face-to-face. Services may be delivered in any setting the family requests.

Expressive Therapies (Activity Therapy/Healing Arts)

The purpose of this service is to facilitate a child's expression and understanding of his or her feelings and provide support to caregivers, enhancing their understanding of the child's coping style. Often children cannot express in words overwhelming complex feelings that they may be unable to identify or understand.

This service includes activity therapy, such as music, art or play. These services are not for recreation but are therapeutic, related to the care and treatment of the child with a life-threatening illness. Therapies must be provided by a registered or board-certified provider who has documented experience with children. These therapies may only be provided by specialists in the field of music, dance, or play. These services do not apply to counselors who employ the limited use of music, art, and dance or play in their support counseling.

Pain and Symptom Management

This service provides physician consultation for pain and symptom management. A licensed, Medicaid physician, ARNP, or PA who has documented expertise, training or certification in pediatric palliative care must provide the service. Providers must be in-Network with the CMS Health Plan.

Respite

The purpose of this service is to allow the family/caregiver to take time out from their caregiver duties with a level of comfort that will allow them to restore their caregiver abilities. Respite is an alternative to hospitalization.

Inpatient Respite

This service is provided in a licensed hospice facility. The facility must have a pediatric oriented environment and staff with documented pediatric experience.

In-Home Respite by an RN

This service is restricted to patients who require a high level of medically necessary services by a nurse with pediatric hospice experience in order to achieve appropriate respite for the caregiver. Providers must be licensed pursuant to Chapter 464, Florida Statutes or applicable laws of the state. The provider must have documented training and experience in pediatric hospice nursing.

In-Home Respite by an LPN

This service is restricted to patients who require medically necessary services by a nurse with pediatric hospice experience in order to achieve appropriate respite for the caregiver. Providers must be licensed pursuant to Chapter 464, Florida Statutes or applicable laws of the state. The provider must have documented training and experience in pediatric hospice nursing.

In-Home Respite by an HHA or CNA

This service is restricted to patients who require supervision and limited care for the purpose of respite for the

caregiver. The provider must have successfully completed a training program that meets minimum standards for aide training as defined in 42 CFR 484.36(a)(1) and Chapter 400, Florida Statutes. The provider must have documented training and experience in pediatrics.

Combined respite services (in-home and inpatient hospice) are limited to a total of 7 days (168 hours) per calendar year. PIC:TFK is the provider of last resort if respite services are available from any other source.

Hospice Nursing Care

This specialty service is to be used for assessment and medically necessary in-home nursing when the experience, skill, and knowledge of a trained pediatric hospice nurse are justified. Documentation must include rationale for the need of a hospice-trained nurse.

Personal Care

The purpose of this service is to add an enhanced level of personal care services for children who need specialized assistance to maintain comfort.

This service is to be used when the experience, skill, knowledge and training of a hospice home health aide or certified nursing assistant will benefit the child with activities such as bathing or lifting a child who is experiencing pain or who is reacting to the emotional stress of the illness. A registered nurse must visit the recipient's home at least every two weeks when home health aide services are being provided.

Volunteer Services

Volunteers provide services and support to PIC:TFK enrollees and families, as well as other supportive and organizational capacities to the PIC:TFK Program.

This service is not reimbursable. Volunteers are members of the community, including children and adolescents, that are trained and screened. Volunteers must be screened and must complete orientation and training that is consistent with acceptable standards of hospice practice, including training in working with pediatrics. Volunteers must be supervised by a designated hospice employee in accordance with s. 400.6105, F.S., and 58A-2.017, F.A.C. Volunteers are used for administrative and direct patient care activities. In addition, volunteers who provide professional services must be licensed in accordance with applicable federal and state laws.

SERVICE UTILIZATION

To participate, the enrollee must elect to receive at least two different PIC:TFK services within a three month period or forfeit PIC:TFK participation.

SECTION 5 - ROLES AND FUNCTIONS

Department of Health (DOH) ROLES AND FUNCTIONS

PIC:TFK Roles

DOH provides the following:

- Oversight for the CMS Health Plan and the PIC:TFK Program

PIC:TFK Functions

DOH is responsible for the following:

- Reviewing providers capabilities to participate in PIC:TFK
- Notifying provider of participation approval
- Partnering with the local hospice program through a Memorandum of Agreement (MOA)
- Providing technical assistance throughout site implementation
- Providing oversight to the implementation of the policies and procedures in the PIC:TFK Program Guidelines
- Collaborating on training development
- Providing technical assistance regarding the PIC:TFK Program
- Coordinating PIC:TFK participation and capacity with providers
- Distributing monthly enrollment to stakeholders
- Completing annual monitoring
- Responding to requests for information and data from AHCA
- Scheduling meetings as appropriate with all PIC:TFK stakeholders (DOH, AHCA, FHPCA, PIC:TFK Providers, CMS Health Plan)

CMS HEALTH PLAN ROLES AND FUNCTIONS

PIC:TFK Roles

CMS Health Plan provides the following:

- Care coordination and care management services
- Coordination of medical and community resources

PIC:TFK Functions

CMS Health Plan is responsible for the following:

- Adhering to the policies and procedures in the PIC:TFK Program Guidelines
- Collaborating with DOH on training development
- Informing physicians and other providers about PIC:TFK, including the referral process
- Onboarding and providing in-services to PIC:TFK providers
- Initiating referral to PIC:TFK, including obtaining physician certification of eligibility
- Discussing PIC:TFK benefits with family
- Obtaining physician re-certifications annually
- Collaborating with PIC:TFK providers on plan of care development and updates
- Facilitating care coordination
- Participating in Multidisciplinary Team (MDT) meetings
- Coordinating and participating in quarterly operational meetings with local PIC:TFK providers
- Coordinating PIC:TFK participation to promote access from time of diagnosis
- Coordinating all aspects of the child's care with hospice as stated in the child's Plan of Care
- Reimbursing providers for PIC:TFK services for children in the CMS Health Plan who are enrolled in PIC:TFK in accordance with PIC:TFK Utilization Parameters
- Responding to requests for information and data from DOH and AHCA
- Adhering to PIC:TFK reporting and data requirements

PIC:TFK PROVIDER ROLES AND FUNCTIONS

PIC:TFK Roles

PIC:TFK Providers participating in PIC:TFK provide the following:

- Delivery of PIC:TFK services to children from the time of diagnosis and throughout active treatment by an experienced hospice team
- Collaborative Care Coordination with the CMS Health Plan and communication of changes in the Plan of Care and other relevant information
- Specialized expertise in assessing and responding to the needs of the child and family/caregiver
- Pediatric palliative care expertise in the delivery of PIC:TFK services
- Collaboration with the CMS Health Plan to create a coordinated service delivery system for children with life- threatening illnesses

PIC:TFK Functions

PIC:TFK Providers are responsible for the following:

- Assessing the support needs of patients referred by the CMS Health Plan
- Coordinating Plan of Care development and updates
- Coordinating all aspects of the child's care with the CMS Health Plan as established in the child's Plan of Care, including staffings
- Delivering PIC:TFK services
- Coordinating Multidisciplinary Team (MDT) meetings
- Participating in quarterly operational meetings with the CMS Health Plan
- Adhering to billing requirements
- Adhering to PIC:TFK reporting and data requirements
- Providing 24/7 PIC:TFK support
- Assessing and coordinating pain and symptom management issues
- Adhering to the policies and procedures in the PIC:TFK Program Guidelines
- Participating in monitoring at least annually.

AFTER HOURS CARE

After hours care for medical issues are referred to the child's primary care physician or specialists. Contact with the child's primary care physician is available 24-hours a day, seven days a week.

After hours care for PIC:TFK support services are available through hospice, 24-hours a day, seven days a week. If the hospice provider feels that medical contact is necessary, contact should be made with the child's primary care physician. All after hours contact should be reported the next working day to the CMS Care Manager.

COORDINATING CARE

Coordinated care is a critical component of a successful PIC:TFK Program. All aspects of PIC:TFK are a coordinated effort, even though specific responsibilities are outlined for each program. The PIC:TFK Provider coordinates the MDT and includes the enrollee's CMS Care Manager. The primary functions of the MDT include: reviewing and participating in the initial assessment as needed based on discipline, implementation of the Plan of Care as indicated based on discipline, providing and suspending services according to the Plan of Care as indicated based on discipline, and reviewing and updating the Plan of Care.

Once a complete *PIC:TFK Referral Form* (Attachment 2) is received by the PIC:TFK Provider, an assessment will be completed or attempted to be completed by the PIC:TFK Provider within 10 business days from the day the completed referral is received. Assessments will be completed in the enrollee's home or at the PIC:TFK Provider's location. Assessments will include the physical, social, psychological, spiritual, respite, and personal care needs of the enrollee, as well as the needs and dynamics of the enrollee's family or caregiver. Attempts to complete the assessment must be documented in the PIC:TFK Provider's record and also in section 3 of Attachment 2.

Upon completion of the PIC:TFK assessment, the PIC:TFK provider will complete Attachment 5 *PIC:TFK Plan of Care* within 15 business days of receiving the completed referral. The PIC:TFK Provider may collaborate with the CMS Health Plan as necessary to ensure a comprehensive and family-centered Plan of Care is developed. The Plan of Care must reflect PIC:TFK services that will be provided, including the anticipated frequency. The child's Plan of Care will be implemented in accordance with the scope and frequency noted in the plan. Once the Plan of Care is complete, it will be signed by the PIC:TFK Provider, the family, and the CMS HealthPlan. The PIC:TFK Provider must provide a copy to the CMS Health Plan, the family, and to the child's primary care provider or specialist(s).

Updated Plans of Care must be completed every 90 days using Attachment 5 and must also be signed by the PIC:TFK Provider, the family, and the CMS Health Plan.

The CMS HealthPlan has the lead role in communicating with the child's primary and specialty care physicians on matters pertaining to the child's medical care, including PIC:TFK referral and services. However, there will be situations when the PIC:TFK Provider may need to communicate directly with the PCP or specialty physician(s). The PIC:TFK Provider will notify the CMS Care Manager of any pertinent communication exchanges or changes to the Plan of Care.

SECTION 6 - BILLING FOR SERVICES

PRIOR AUTHORIZATION AND BILLING

The PIC:TFK Plan of Care will serve as the required supplemental documentation for service authorization that accompanies the Authorization Request Form. The Initial Plan of Care and each subsequent updated Plan of Care must be submitted for initial and ongoing authorization. A notification of authorization approval must be received prior to rendering services on the PIC:TFK Plan of Care.

Please consult the CMS Health Plan Provider Manual for more information related to authorization and billing procedures.

Bereavement and volunteer services are not reimbursable under the PIC:TFK Program. The PIC:TFK Provider must track the utilization for these services when performed on a child enrolled in PIC:TFK.

For CMS Health Plan enrollees with Medicare primary and Medicaid secondary, the PIC:TFK provider needs to receive a Medicare denial of services before billing the CMS Health Plan for services rendered.

PIC:TFK BILLING CODES

Attachment 6, *PIC:TFK Reimbursement Codes* outlines the codes and parameters. PIC:TFK service codes each include a unique modifier (UB) that denotes the service is a PIC:TFK service.

SECTION 7 - MONITORING

PROGRAM MONITORING

A program review will be initiated for each of the program sites during the first year of operation. The purpose of the review is to ensure that all MOA tasks are implemented appropriately. Either on-site or desk reviews will be conducted at least annually. Formal monitoring will include, but not be limited to, a review of each of the components found in the MOA.

SECTION 8 - TRAINING AND OUTREACH

INFORMATION AND OUTREACH

To assist in acquainting potential PIC:TFK patients, families and physicians with PIC:TFK services the following materials are currently available :

- PIC:TFK Brochure
- PIC:TFK Identification Tool

The program sites may print copies as needed. Changes should not be made to the materials.

Local materials may be developed with the approval of the DOH. There are specific requirements that must be adhered to in developing materials for public use. In addition to Agency for Health Care Administration (AHCA) and Department of Health (DOH) requirements, there are also requirements by Children's Hospice International (CHI). If program sites elect to develop materials for the public, contact DOH for required specifications. All materials must be reviewed and approved in writing by DOH before printing and distribution.

When interacting with the media or making a presentation regarding the PIC:TFK Program, include reference to the national ChiPACC® program and Children's Hospice International as well as the Centers for Medicare and Medicaid Services. In addition, all presentations should emphasize the unique Florida partnership between AHCA, DOH, and FHPCA. Submit all presentations that mention AHCA, Medicaid, DOH, or the CMS Health Plan to DOH for approval.

FUNDRAISING

Fundraising is an essential component of the hospice program. However, since the PIC:TFK Program is funded through Medicaid, the hospice provider cannot raise funds for the purpose of supplementing the Medicaid payments. Fundraising must be in accordance with all applicable federal and state regulations.

TRAINING

Each program must develop a process for orientating new PIC:TFK staff and maintaining ongoing education. At a minimum, an orientation should include the following components:

- PIC:TFK Program Guidelines
- Local Operational Plan
- Orientation to the CMS Health Plan and the PIC:TFK Program
- Task specific skills
- Pediatric Palliative Care training
 - Completion is required within twenty-four (24) months of staff participation

Additional training opportunities relating specifically to PIC:TFK will be made available to the program sites as needed and requested.

PROGRAM GUIDELINES

These PIC:TFK Program Guidelines will be updated every three years and as necessary.

PIC:TFK PROGRAM GUIDELINES APPROVAL



Amie Bounds
Bureau Chief, Plan Administration
Children's Medical Services Managed Care Plan

1/10/2022

Date



Andrea Gary
Director
Office of Children's Medical Services

1/10/2022

Date