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Better Health Care for all Floridians

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MEMO TO MEDIA

The following summary of proposed rule development to the Home Health and Prescribed Pediatric Extended Care (PPEC) Handbooks is provided as background regarding the provision of services for medically complex and medically fragile children.

Summary of Proposed Rule Development Related to Home Health and Prescribed Pediatric Extended Care (PPEC) Handbooks

Highlights of proposed changes in the Home Health Handbook:

- eQHealth Solutions, Inc., the Agency's Quality Improvement Organization (QIO), will soon begin providing care coordination services for all Medicaid recipient children (under the age of 21) who receive private duty nursing services in the child's home. This added service will benefit about 1,600 Florida children and their families each year. AHCA has instructed eQHealth to make this change in order to ensure that these children can continue to fully access all of the services that Florida Medicaid provides to children in the community, to ensure that AHCA's policy of providing care in the most integrated setting possible continues to be fully implemented, and pursuant to AHCA's constant efforts evaluate and meet the needs of Florida's children with complex medical issues in the home.
- Each recipient receiving private duty nursing services will be assigned a care coordinator who is either a licensed nurse or social worker with experience working with medically complex children. The maximum ratio of care coordinator to recipients is 1:40.
- The Agency anticipates beginning this transition to a care coordination model within the next 90 days.
- The care coordinator will maintain regular monthly contact (telephonically or face-to-face) with the recipient and the recipient's parent or legal guardian to stay abreast of the recipient's condition.
- Every six months, the care coordinator will convene a multidisciplinary team comprised of the recipient (if able), the parent or legal guardian, and other health care professionals and individuals involved in that recipient's care.
- The care coordinator, along with the multidisciplinary team, will develop a service plan that includes all services and supports needed to meet the recipient's medical needs in order to safely remain in the home.
- All prior authorization of services will be considered through a collaborative and multi-disciplinary team process. Only if the team cannot reach consensus that a particular service



request should be approved will the request be referred to a review physician. If the team cannot reach consensus that the request should be approved, the physician reviewer will review the information that has been collected by the team and will attempt to contact the child's treating physician to discuss the case. When determining the need for private duty nursing, the Agency will not require that parents participate to the fullest extent possible in performing skilled interventions that normally could only be provided by a licensed nurse.

- If parents or legal guardians are not able to satisfy their child's needs relating to activities of daily living (ADL, such as cleaning or bathing the child) or in some circumstances instrumental activities of daily living (IADL, such as shopping and light housecleaning), personal care services will be authorized.
- If a parent or legal guardian has the requisite training and ability to provide skilled or semi-skilled services (such as clearing an airway) for his or her child, and wishes to do so, private duty nursing services can be authorized to supplement the care provided by the parent or legal guardian.
- Medicaid can reimburse for personal care services (such as cleaning, bathing, shopping and light housekeeping) provided for a child whose parent or legal guardian is not available or able to provide those services.

Highlights of proposed changes in the Prescribed Pediatric Extended Care (PPEC) Handbook:

- When determining the need for PPEC (i.e., non-residential medical daycare) services, the Agency clarifies that it does not factor parental availability in the decision making process. Also, the change clarifies that the Agency does not give preference to PPEC over home health services.
- The Agency clarified that parents have a choice in choosing between PPEC services or private duty nursing services. Parents and caregivers will continue to have the right to request PPEC or private duty nursing services and, if parents or caregivers choose PPEC, the child will remain eligible to receive private duty nursing in the home as a wrap-around service to the extent that PPEC alone does not satisfy the child's medical needs.
- The Agency modified the transportation policy to reduce the time children are transported on vehicles, unless authorized by the treating physician.

Reason for proposed changes:

These changes result from the Agency's continuing process of reviewing, and constantly improving where indicated, its Medicaid service delivery system. Enhanced care coordination is being utilized to ensure that all needs of the recipient are addressed in a comprehensive review approach. The Agency believes that these changes clarify misunderstanding of its current policies and exemplify the Agency's existing commitment to ensuring that children in Florida promptly receive Medicaid services in the most integrated setting appropriate to meet their needs. Valuable input is continuously solicited and received by Agency staff from recipients, their families, and advocacy agencies such as the Florida Developmental Disabilities Council. The Agency has put their feedback into action to clarify and refine rules as a result.

More information:

The draft language will be posted on our Draft Handbooks, Fee Schedules, and Other Documents Web page at <http://ahca.myflorida.com/Medicaid/review/index.shtml>, once the notice is published in the Florida Administrative Register on Monday, February 11, 2013.

The rule hearings have been scheduled for March 13, 2013.