

## COMPARISON OF PEDIATRIC SERVICES IN FLORIDA

Services	<b>Hospice</b> <i>(Core services indicated here, other services may be available in your area, check with your local providers)</i>	<b>Concurrent Care</b> <i>(MEDICAID RECIPIENTS ONLY)</i>	<b>Partners in Care: Together for Kids (PIC:TFK) (PACC)</b> <i>(must be enrolled in Children's Medical Services)</i>	<b>Home Health</b>
<b>Eligibility</b>	<ul style="list-style-type: none"> <li>Terminal illness certified by Primary Care physician (6 months or less prognosis)</li> <li>Patient or parent consent</li> </ul>	<ul style="list-style-type: none"> <li>Medicaid recipient</li> <li>Terminal illness certified by Primary Care physician (6 months or less prognosis)</li> <li>Patient or parent consent</li> </ul>	<ul style="list-style-type: none"> <li>Enrolled in the CMS Network through Medicaid Title XIX or XXI; or enrolled in CMS Safety Net</li> <li>Have a life-threatening illness</li> <li>Live in an area served by a PIC:TFK Provider</li> <li>List of PIC:TFK Providers:               <ul style="list-style-type: none"> <li>Ft. Myers - Hope Hospice</li> <li>Ft. Pierce - Treasure Coasts Hospice, Little Treasures Program</li> <li>Gainesville - Hospice of Citrus and the Nature Coast</li> <li>Jacksonville - Community Hospice of NE Florida, Community PedsCare</li> <li>Lakeland - Good Shepherd Hospice</li> <li>Miami- Heartland Hospice, TiLLiKids</li> <li>Naples - Avow Hospice</li> <li>Ocala - Hospice of Citrus and the Nature Coast</li> <li>Ocala - Marion County Hospice</li> <li>Pensacola - Covenant Hospice</li> <li>Sarasota - Tidewell Hospice</li> <li>St. Pete - Suncoast Hospice</li> <li>Tallahassee - Covenant Hospice</li> <li>Tampa - LifePath Hospice</li> </ul> </li> </ul>	<p><b>Medicare &amp; Medicaid Criteria</b></p> <ul style="list-style-type: none"> <li>Homebound: Patient is considered homebound if they have an illness or injury that restricts their ability to leave their residence except with the aid of supportive devices, special transportation, or with another person.</li> </ul> <p><b>OR</b></p> <ul style="list-style-type: none"> <li>Have a condition such that leaving his or her home is medically contraindicated.</li> </ul> <p>Also</p> <ul style="list-style-type: none"> <li>Must have been seen by their physician in the past 90 (Medicare) 60 days (Medicaid) for the reason home health is being ordered or (Medicare) are scheduled to see their physician within the next 30 days</li> <li>Physician must complete a Face to Face form provided by the homecare provider as evidence of the patient visit</li> <li>Skilled Care must be ordered (Nursing, PT, ST, OT)</li> <li>Care must be able to be safely provided in the home</li> <li>(Medicaid) All services requested must be pre-approved by eQHealth</li> <li>(Medicaid) Only authorized services may be provided at the authorized frequency</li> </ul> <p><b>Private Insurance</b></p> <ul style="list-style-type: none"> <li>Admission criteria depends on each insurer's requirements</li> <li>Authorization must be received prior to care</li> </ul> <p><b>PAC Waiver</b></p> <ul style="list-style-type: none"> <li>Authorization for Services covered under PAC Waiver is received prior to provision of care</li> <li>Physician's order for skilled and personal care</li> </ul> <p>As per physician's orders, available services Medicare:</p> <ul style="list-style-type: none"> <li>Skilled Nursing care</li> <li>Therapy services</li> <li>Medical social services</li> <li>Home health aides services</li> </ul>
<b>Medical</b>	<ul style="list-style-type: none"> <li>MD/ARNP</li> <li>Available 24/7</li> <li>Available for home visits</li> <li>Can assume role of primary care physician with PCP order</li> <li>Can provide pain and symptom management with PCP order</li> </ul>	<ul style="list-style-type: none"> <li>MD/ARNP</li> <li>Available 24/7</li> <li>Available for home visits</li> <li>Can assume role of primary care physician with order from PCP</li> <li>Can provide pain and symptom management with PCP order</li> <li>PCP/specialist services for treatments related to terminal diagnosis with curative focus and not in hospice plan of care are available under non-hospice Medicaid</li> </ul>	<ul style="list-style-type: none"> <li>MD/ARNP/PA consultation for pain and symptom management</li> </ul>	<ul style="list-style-type: none"> <li>Not provided</li> </ul>

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<b>Clinical</b>	<ul style="list-style-type: none"> <li>• RN, LPN, Hospice Aide</li> <li>• RN/LPN/Hospice Aide available 24/7 for skilled assessment and/or hands-on interventions</li> </ul>	<ul style="list-style-type: none"> <li>• RN, LPN, Hospice Aide</li> <li>• RN/LPN/CNA available 24/7 for skilled assessment/or and hands-on interventions</li> <li>• Custodial in-home shift nursing covered under non-hospice Medicaid</li> </ul>	<ul style="list-style-type: none"> <li>• Palliative Care Nursing Services for services not under state plan and needed for palliation</li> <li>• Home Health Aide/CNA for services not under state plan and needed for palliation (if available)</li> <li>• Disease process/symptom education</li> <li>• Advocacy</li> </ul>	<ul style="list-style-type: none"> <li>• As per physician's order</li> </ul>
<b>Medications</b>	<ul style="list-style-type: none"> <li>• Related to terminal diagnosis; will be provided/delivered by hospice</li> <li>• Unrelated medications available per usual through insurance from associated pharmacies as ordered by primary care physician or specialists</li> </ul>	<ul style="list-style-type: none"> <li>• Related to terminal diagnosis; will be provided/delivered by hospice</li> <li>• Unrelated medications available per usual through insurance from associated pharmacies as ordered by primary care physician or specialist</li> </ul>	<ul style="list-style-type: none"> <li>• Medication coordination with CMS, no medication provided by PIC:TFK program</li> <li>• Education</li> <li>• Advocacy</li> </ul>	<ul style="list-style-type: none"> <li>• As per physician's order</li> </ul>
<b>Spiritual</b>	<ul style="list-style-type: none"> <li>• Chaplain support/services available for all families when requested</li> </ul>	<ul style="list-style-type: none"> <li>• Chaplain support/services available for all families when requested</li> </ul>	<ul style="list-style-type: none"> <li>• Chaplain support/services available for all families when requested</li> </ul>	<ul style="list-style-type: none"> <li>• Not provided</li> </ul>
<b>Diagnostic Services</b>	<ul style="list-style-type: none"> <li>• Related to hospice diagnosis, within the hospice plan of care, as ordered by physician</li> </ul>	<ul style="list-style-type: none"> <li>• Related to hospice diagnosis, within the hospice plan of care, as ordered by physician</li> <li>• Related to hospice diagnosis but not in the hospice plan of care and with a curative focus: as ordered by physician, available through Medicaid provider</li> </ul>	<ul style="list-style-type: none"> <li>• Not provided</li> </ul>	<ul style="list-style-type: none"> <li>• Not provided</li> </ul>
<b>Medical Interventions</b>	<ul style="list-style-type: none"> <li>• As approved by the hospice medical director, within the hospice plan of care, with focus on comfort/quality of life</li> </ul>	<ul style="list-style-type: none"> <li>• As approved by the hospice medical director, within the hospice plan of care, with focus on comfort/quality of life</li> <li>• Related to hospice diagnosis but not in the hospice plan of care and with a curative focus: as ordered by physician, available through Medicaid provider</li> </ul>	<ul style="list-style-type: none"> <li>• Not provided</li> </ul>	<ul style="list-style-type: none"> <li>• As per physician's order</li> </ul>
<b>Durable Medical Equipment</b>	<ul style="list-style-type: none"> <li>• Related to terminal diagnosis; may be provided/delivered by hospice or contractually through local DME company</li> <li>• Equipment not related to treatment of the terminal diagnosis is provided through insurance provider as ordered by primary care physician or specialist</li> </ul>	<ul style="list-style-type: none"> <li>• Related to terminal diagnosis included in plan of care, ordered by hospice physician; may be provided/delivered by hospice or contractually through local DME company</li> <li>• Equipment not related to treatment of the terminal diagnosis or in place prior to start of concurrent care, i.e. ventilator, is provided through Medicaid provider as ordered by primary care physician or specialist</li> </ul>	<ul style="list-style-type: none"> <li>• Available through Medicaid State Plan or KidCare, coordination services available through Children's Medical Services care coordinator</li> </ul>	<ul style="list-style-type: none"> <li>• As per physician's order</li> </ul>

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<b>Disposables</b>	<ul style="list-style-type: none"> <li>Disposables needed to provide care related to terminal diagnosis (include but not limited to wound care products, diapers, lotions, personal care products)</li> </ul>	<p>Disposables (include but not limited to wound care products, diapers, lotions, personal care products)</p> <ul style="list-style-type: none"> <li>Related to terminal diagnosis included in plan of care, may be ordered by hospice physician; may be provided/delivered by hospice or contractually through local DME company</li> <li>Disposables not related to treatment of the terminal diagnosis are provided through Medicaid provider as ordered by primary care physician or specialist</li> </ul>	<ul style="list-style-type: none"> <li>May be provided through Waiver, if eligible and approved/arranged by care coordinator.</li> </ul>	<ul style="list-style-type: none"> <li>Wound care supplies w/physician's order</li> </ul>
<b>Ancillary Services</b>	<ul style="list-style-type: none"> <li>Specific to each hospice provider: (may include)                             <ul style="list-style-type: none"> <li>Childlife</li> <li>Music therapy</li> <li>Massage therapy</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>Specific to each hospice provider:                             <ul style="list-style-type: none"> <li>Child life</li> <li>Music therapy</li> <li>Massage therapy</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>Specific to each PIC:TFK provider: (may include)                             <ul style="list-style-type: none"> <li>Child life</li> <li>Music therapy</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>Specific to each provider, not provided typically</li> </ul>
<b>Volunteers</b>	<ul style="list-style-type: none"> <li>Available</li> </ul>	<ul style="list-style-type: none"> <li>Available</li> </ul>	<ul style="list-style-type: none"> <li>Availability specific to provider</li> </ul>	<ul style="list-style-type: none"> <li>Not typically provided</li> </ul>
<b>Respite</b>	<ul style="list-style-type: none"> <li>In-home respite – RN, LPN/CNA (if private fund available)</li> </ul>	<ul style="list-style-type: none"> <li>In-home respite – RN, LPN/CNA (if private fund available)</li> </ul>	<ul style="list-style-type: none"> <li>In-home (if available) – RN, LPN, CNA</li> <li>In-patient (not typically available)</li> </ul> <p>Maximum of 168 combined hours per calendar year.</p>	<ul style="list-style-type: none"> <li>Not provided</li> </ul>
<b>Alternate Levels of Care</b>	<ul style="list-style-type: none"> <li>Home-based care</li> <li>Continuous Home Care</li> <li>General Inpatient Care                             <ul style="list-style-type: none"> <li>Hospice inpatient facility</li> <li>Contract bed</li> </ul> </li> </ul>	<p>For Hospice related care:</p> <ul style="list-style-type: none"> <li>Home-based care</li> <li>Continuous Home Care</li> <li>General Inpatient Care                             <ul style="list-style-type: none"> <li>Hospice inpatient facility</li> <li>Contract bed</li> </ul> </li> </ul> <p>For non-hospice related or curative care (through Medicaid provider):</p> <ul style="list-style-type: none"> <li>Hospital</li> <li>Home health</li> <li>PPEC (Prescribed pediatric extended care)</li> </ul>	<ul style="list-style-type: none"> <li>Not provided</li> </ul>	<ul style="list-style-type: none"> <li>Not provided</li> </ul>
<b>Financial Responsibility/SOURCES</b>	<ul style="list-style-type: none"> <li>No copay for related hospice services unless private insurance plan requires one for hospice benefit</li> <li>Covers 100% expenses related to the hospice diagnosis that are within the hospice plan of care</li> </ul>	<ul style="list-style-type: none"> <li>Covers 100% expenses related to the hospice diagnosis that are within the hospice plan of care</li> <li>Non-hospice Medicaid covers care outside hospice plan of care related to hospice diagnosis but with curative focus, and care not related to hospice diagnosis</li> </ul>	<ul style="list-style-type: none"> <li>No charge- Services provided through the Partners in Care: Together for Kids/PACC Waiver.</li> </ul>	<ul style="list-style-type: none"> <li>Private insurance, Medicaid</li> <li>Prescribed # of services provided per physician's order – reimbursement for services only within required, defined parameters of physician's orders and goals met</li> </ul>
<b>Transportation</b>	<ul style="list-style-type: none"> <li>Related to hospice diagnosis for services included in the hospice plan of care</li> </ul>	<ul style="list-style-type: none"> <li>Related to hospice diagnosis for services included in the hospice plan of care</li> <li>Medicaid covered for services outside hospice plan of care</li> </ul>	<ul style="list-style-type: none"> <li>Only available through Medicaid Transportation</li> </ul>	<ul style="list-style-type: none"> <li>Not provided</li> </ul>

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<b>Referrals &amp; Authorization/Enrollment</b>	<ul style="list-style-type: none"> <li>Referrals – self, family member, physician's office, hospital</li> <li>Prior authorization may be required for private insurance services</li> <li>Enrollment – as directed by parent's schedule and preferences</li> </ul>	<ul style="list-style-type: none"> <li>Referrals – self, family member, physician's office, hospital, Children's Medical Services</li> <li>Enrollment – as directed by parent's schedule and preferences</li> </ul>	<ul style="list-style-type: none"> <li>Must be certified annually by a CMS physician as medically eligible with a life-threatening illness.</li> </ul>	<ul style="list-style-type: none"> <li>Pre-authorization required</li> <li>Physician's orders required</li> </ul>
<b>Billing</b>	<ul style="list-style-type: none"> <li>Hospice per diem and related, approved services: Medicaid, private insurance</li> </ul>	<ul style="list-style-type: none"> <li>Hospice per diem and related, approved services: managed Medicaid provider</li> <li>For non-hospice related services: individual healthcare providers responsible for billing managed Medicaid provider</li> </ul>	<ul style="list-style-type: none"> <li>TXIX - billed to the Medicaid Fiscal Agent</li> <li>TXXI and Safety Net - billed to CMSN Plan</li> </ul>	<ul style="list-style-type: none"> <li>Home health agency bills private insurance, Medicaid</li> </ul>
<b>Other</b>	<ul style="list-style-type: none"> <li><a href="#">Hospice Provider Listing</a></li> </ul>	<ul style="list-style-type: none"> <li><a href="#">Hospice Provider Listing</a></li> </ul>	<ul style="list-style-type: none"> <li>PIC:TFK Providers listed above other resources can be found <a href="http://www.cms-kids.com/families/health_services/pic.html">http://www.cms-kids.com/families/health_services/pic.html</a></li> </ul>	<ul style="list-style-type: none"> <li>Listing of state home health agencies providing pediatric services</li> </ul>
<b>Forms for approved providers</b>		<ul style="list-style-type: none"> <li>AHCA Concurrent Care Election form (draft form can be used until handbook update completed)</li> </ul>		<ul style="list-style-type: none"> <li><a href="#">Home Health Certification &amp; Plan of Care Form CMS-485</a></li> </ul>

[Florida Hospice & Palliative Care Association](#); (877)783-1922; [info@floridahospices.org](mailto:info@floridahospices.org); [www.floridahospices.org/find-a-hospice/](http://www.floridahospices.org/find-a-hospice/)  
 Children's Medical Services Regional Perinatal Intensive Care Centers Provider Website: [www.floridahealth.gov/AlternateSites/CMS-Kids/providers/rpicc\\_resources.html](http://www.floridahealth.gov/AlternateSites/CMS-Kids/providers/rpicc_resources.html)  
 Children's Medical Services CMA Managed Medical Assistance (MMA) Regional Provider listing [www.floridahealth.gov/AlternateSites/CMS-Kids/mma/mma.html](http://www.floridahealth.gov/AlternateSites/CMS-Kids/mma/mma.html)  
 Agency for Health Care Administration Statewide Medicaid MMA Website: [www.ahca.myflorida.com/Medicaid/statewide\\_mc/](http://www.ahca.myflorida.com/Medicaid/statewide_mc/)  
 Medicaid Choice Counseling, Website: [www.flmedicaidmanagedcare.com/MMA/enroll.aspx](http://www.flmedicaidmanagedcare.com/MMA/enroll.aspx); Telephone: 1-877-711-3662  
 Statewide Medicaid Managed Care Portal - Long-term Care (LTC) and Managed Medical Assistance (MMA) [www.flmedicaidmanagedcare.com](http://www.flmedicaidmanagedcare.com);  
[Partners in Care Together for Kids www.cms-kids.com/families/health\\_services/pic.html](http://www.cms-kids.com/families/health_services/pic.html)



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[Florida Hospice & Palliative Care Association](#);  
 (877)783-1922; [info@floridahospices.org](mailto:info@floridahospices.org)