

Richard F. Daines, M.D.
Commissioner

James W. Clyne, Jr.
Executive Deputy Commissioner

CARE AT HOME (CAH) I/II MEDICAID WAIVER PALLIATIVE CARE PROVIDER APPLICATION

The New York State Department of Health (DOH) invites interested Hospices and Certified Home Health Agencies (CHHA) meeting certain eligibility and practice requirements to apply to participate in the Care at Home I/II Program, hereinafter referred to as CAH I/II, to provide Palliative Care waiver services.

PROGRAM DESCRIPTION

CAH I/II serves children under the age of eighteen determined physically disabled who, absent participation in the waiver, would be at risk of institutionalization. CAH I/II provides eligible children access to services, including case management, respite, and home/vehicle modifications, that enable the children to remain with their family at home but are not available under the State plan. In addition to the aforementioned services, there are five new pediatric palliative care services designed to meet the needs of participants and their family, by addressing end of life issues related to their illness.

REIMBURSEMENT AND BILLING

The CHHA or Hospice enrolled as a CAH I/II waiver palliative care provider will receive Medicaid reimbursement for palliative care services. An applicant is **NOT** required to provide all five pediatric palliative care services. The CAH I/II palliative care waiver services, reimbursement rates and rate codes are as follows:

Service	Rate	Rate Code
Family Palliative Care Education (Training)	\$40	2332
Pain and Symptom Management	\$56	2333
Bereavement Services	\$40	2334
Massage Therapy	\$40	2335
Expressive Therapy	\$40	2336

ELIGIBILITY AND PRACTICE REQUIREMENTS

The CHHA or Hospice must ensure that each professional providing a service meets the requirements for their respective professions, which can be found on pages 5 and 6 of the "Care at Home (CAH) I/II Medicaid Waiver Program: Pediatric Palliative Care Provider Application". At the time of initial application, the CHHA or Hospice must submit to the DOH documentation that all employees who will provide palliative care services to participants of CAH I/II meet the qualifications and experience requirements applicable to their respective professions. Once the CHHA or Hospice is a participating provider of palliative care services to participants of CAH I/II, it is responsible to verify and maintain employee records that employees providing palliative care services have the required qualifications and certifications. The CHHA or Hospice will be required to verify and document that an employee has the required qualifications and certifications before the employee provides any CAH I/II waiver services and on an annual basis thereafter. New York State DOH Care at Home staff will verify employee qualifications and certifications through DOH surveys and/or audits.

NOTE: After initial application, documentation of qualifications for employees newly assigned to provide palliative care services to participants of CAH I/II must be kept on file, but does not need to be submitted to the DOH.

The CHHA or Hospice must ensure that each professional providing a CAH I/II service demonstrate ongoing proficiency in the principles of end of life care, through annual participation and successful completion of pediatric palliative care education and training. The following are acceptable courses to show proficiency in the principles of end of life care.

1. Pediatric ELNEC (End of Life Nursing Educational Consortium);
2. IPPC (Initiative for Pediatric Palliative Care);
3. NHPCO Pediatric Curricula;
4. Attendance at educational seminars with curriculum topics that include:
 - ◆ Communication with Children and Families
 - ◆ Pediatric Pain and Symptom Management
 - ◆ Pediatric Care at the Time of Death
 - ◆ Pediatric Grief and Bereavement
 - ◆ Pediatric Cultural and Spiritual Considerations
 - ◆ Pediatric Ethical and Legal Issues
 - ◆ Role of the Interdisciplinary Team

Additional courses may be acceptable if they address all necessary components listed in number 4 above. Please attach a copy of the curriculum upon submission of the application.

APPLICATION

The interested CHHA or Hospice may apply to be a CAH I/II palliative care provider by completing the attached DOH form, "Care at Home (CAH) I/II Medicaid Waiver Program: Pediatric Palliative Care Provider Application". If an organization operates as both a CHHA and Hospice and is applying to provide services as both, TWO separate applications must be completed and submitted.

The DOH will send a Medicaid provider enrollment application to the Palliative Care Provider applicant upon making a determination that such applicant has satisfied CAH I/II palliative care provider requirements. Approved applicants will receive a unique provider identification number for service authorization and billing activities. Currently enrolled Medicaid providers must also complete the Medicaid enrollment application to receive a separate provider identification number for CAH I/II Palliative Care services.

Information on submitting claims for CAH I/II services is available at the website of Medicaid's fiscal agent, Computer Sciences Corporation www.eMedNY.org, in the Provider Enrollment section, Rate Based/Institutional subsection.

Please note: If approved, your Operating Certificate will **NOT** be updated to reflect the additional service(s).

NOTIFICATION

The DOH will send a letter of decision regarding the application to the applicant at the address supplied by the applicant on the application form.

QUESTIONS

For additional information regarding the Care at Home I/II Medicaid waiver palliative care services, please call (518) 486-6562 between 8:00am and 5:00pm.

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**CARE AT HOME (CAH) I/II MEDICAID WAIVER PROGRAM:
PEDIATRIC PALLIATIVE CARE PROVIDER APPLICATION**

- INSTRUCTIONS:**
1. Type or print the information in the space provided.
 2. Attach required documentation.
 3. Sign and date the Assurances.
 4. Submit completed application and documentation to:
New York State Department of Health
ATTN: Care at Home I/II Waiver Program
One Commerce Plaza- Suite 826
Albany, New York 12260

SECTION A – MEDICAID PROVIDER ENROLLMENT INFORMATION

1. **Organization** _____
2. **Daytime Telephone Number** (_____) _____
3. **Address** _____
City _____ **State** _____ **Zip** _____
4. **Active Medicaid Provider ID Number** _____
5. **National Provider ID Number (NPI)** _____
6. **Type of Organization:**
 Certified Home Health Agency
 Hospice Agency
7. **Please submit an organizational chart including corporate structure**
8. **Operating Certification Number** _____ **PFI** _____
Please submit a copy (Permanent Facility Identifier)
9. **County(ies) Where Certified to Provide Services** _____

10. **CEO/ President** _____
Address _____
City _____ **State** _____ **Zip** _____
11. **Application Contact Person** _____
Title _____
Address _____
City _____ **State** _____ **Zip** _____
Daytime Telephone Number (_____) _____
E-Mail Address _____
12. **DBA/ Doing Business As (If none, indicate n/a)** _____
13. **Other Categories of Services (Company Affiliations)** _____

14. **List all office/business locations that will contain client records (If none, indicate n/a):**

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SECTION B – PALLIATIVE CARE PROGRAM INFORMATION

1. Local Department of Social Services District where you intend to provide services:

2. Care At Home I/II Palliative Care Services

Please indicate below the services your agency is applying to provide for the CAH I/II Waiver

Palliative Care Service:	Yes	No	Anticipated Capacity
Family Palliative Care Education	<input type="checkbox"/>	<input type="checkbox"/>	
Bereavement Services	<input type="checkbox"/>	<input type="checkbox"/>	
Pain & Symptom Management	<input type="checkbox"/>	<input type="checkbox"/>	
Expressive Therapy:	<input type="checkbox"/>	<input type="checkbox"/>	
Massage Therapy	<input type="checkbox"/>	<input type="checkbox"/>	

SECTION C – PALLIATIVE CARE SERVICE QUALIFICATIONS

NOTE- Please submit qualifying documentation for ALL potential providers of pediatric palliative care services.

1. Family Palliative Care Education (Training)

- **Registered Nurse**
 - Provide a copy of current New York State licensure and registration
 - Provide a copy of resume highlighting relevant experience and preferably having at least three years clinical pediatric and one year clinical end of life experience
 - Demonstrate ongoing proficiency in the principles of End of Life care

- **Medical Social Worker**
 - Provide a copy of Master's degree in Social Work
 - Provide a copy of resume highlighting relevant experience and preferably have at least three years clinical pediatric and one year clinical end of life experience
 - Demonstrate ongoing proficiency in the principles of End of Life care

2. Expressive Therapy (Art, Music and Play)

- **Child Life Specialist**
 - Provide a copy of current certification through the Child Life Council
 - Provide a copy of resume highlighting relevant experience and preferably having at least three years clinical pediatric and one year clinical end of life experience
 - Demonstrate ongoing proficiency in the principles of End of Life care

- **Creative Arts Therapist**
 - Provide a copy of New York State licensure
 - Provide a copy of resume highlighting relevant experience and preferably having at least three years clinical pediatric and one year clinical end of life experience
 - Demonstrate ongoing proficiency in the principles of End of Life care

- **Music Therapist**
 - Provide a copy of Bachelor's Degree, from a program recognized by the New York State Education Department
 - Provide current registration with a nationally recognized organization for Music Therapy Professionals
 - Provide a copy of resume highlighting relevant experience and preferably having at least one year clinical end of life experience
 - Demonstrate ongoing proficiency in the principles of End of Life care

- **Play Therapist**
 - Provide a copy of Master's Degree, from a program recognized by the New York State Education Department
 - Provide a copy of current Play Therapist Registration conferred by the Association for Play Therapy
 - Provide a copy of resume highlighting relevant experience and preferably having at least three years clinical pediatric and one year clinical end of life experience
 - Demonstrate ongoing proficiency in the principles of End of Life care

SECTION C – PALLIATIVE CARE SERVICE QUALIFICATIONS CONTINUED

3. Massage Therapy

- **Massage Therapist**
 - Provide a copy of current New York State licensure and registration
 - Demonstrate ongoing proficiency in the principles of End of Life care

4. Pain and Symptom Management

- **Pediatrician or Family Medicine Physician**
 - Provide a copy of board certification in Pediatrics or Family Medicine
 - Provide a copy of current New York State licensure
 - Provide a copy of resume highlighting relevant experience having at least three years clinical pediatric and one year clinical end of life experience
 - Demonstrate ongoing proficiency in the principles of End of Life care
 - (If applicable) Provide Medicaid Provider ID number
 - (If Applicable) Provide board certification for palliative care, *providers may be required to obtain Palliative Care board certification within five years*
- **Nurse Practitioner**
(Use of a Nurse Practitioner is subject to federal and State law permitting such use)
 - Provide a copy of current New York State licensure and certification
 - Provide a copy of resume highlighting relevant experience and preferably having at least three years clinical pediatric, one year clinical end of life experience and have served as a member of a pain and symptom management clinical team for the evaluation and treatment of infant, child and adolescent pain.
 - Demonstrate ongoing proficiency in the principles of End of Life care
 - (If applicable) Provide Medicaid Provider ID number

5. Bereavement Services

- **Clinical Social Worker (LMSW)**
 - Provide a copy of current New York State Licensure
 - Provide a copy of resume highlighting relevant experience and preferably having at least three years clinical pediatric and one year clinical end of life experience
 - Demonstrate ongoing proficiency in the principles of End of Life care
- **Psychologist**
 - Provide a copy of current New York State Licensure
 - Provide a copy of resume highlighting relevant experience and preferably having at least three years clinical pediatric and one year clinical end of life experience
 - Demonstrate ongoing proficiency in the principles of End of Life care
- **Mental Health Counselor**
 - Provide a copy of current New York State Licensure
 - Provide a copy of resume highlighting relevant experience and preferably having at least three years clinical pediatric and one year clinical end of life experience
 - Demonstrate ongoing proficiency in the principles of End of Life care

SECTION D – ASSURANCES

Note: Since ALL of the participants in the CAH I/II waiver Program are under 18 years of age, the assurances are being made to both the participant and the participant's parent(s) or guardian.

1. We assure the palliative care services provided to children in the CAH I/II Program under this application are in accordance with the waiver program in addition to all Medicaid rules and guidelines set forth by New York State and the Federal government.
2. We assure that all professionals providing palliative care services have proficiency in the principles of end of life care and demonstrate ongoing proficiency through participation and successful completion of education and training in communication with children and families, the grief and bereavement process, and end of life care.
3. We assure the CAH I/II participant's rights to choose the provider of palliative care services.
4. We assure all palliative care professionals employed by or contracted with this agency will meet the service qualifications as specified by the New York State Department of Health.
5. We assure that the participant is part of the development of the palliative service(s) plan of care and solicit the signature of the child's parent or guardian to signify assent with its contents.
6. We assure the participant is informed of their fair hearing rights.
7. We assure that the participant will be afforded the right to review all of their case records upon request.
8. We assure that CAH I/II palliative care case records, financial and claiming records, participant assessments, and palliative care plans will be available for inspection by the Centers for Medicare and Medicaid, the New York State Department of Health, the New York State Office of Medicaid Inspector General and appropriate local social services districts or their agents. In addition we assure all records pertaining to employees who provide direct care for the CAH I/II program will also be available for inspection.
9. We recognize that the New York State Department of Health may cancel the agency's participation as a CAH I/II waiver provider of palliative care at any time without cause, giving me not less than thirty (30) days written notice that participation will end.
10. We recognize that the agency may terminate participation as a CAH I/II palliative care provider having given the New York State Department of Health not less than thirty (30) days written notice. We agree to continue to provide services for currently served participants up to the date of termination. We assure the agency will assist participants in the process of transfer of their care to a successor provider by providing a copy of a discharge summary and/or copies of pertinent information that would be helpful to the successor provider in assuming the delivery of palliative care to the CAH I/II waiver participant.
11. We accept that services rendered prior to the effective date of enrollment as specified in the approval letter, will not be eligible for reimbursement through the CAH I/II waiver.

Organization Name _____

Signature _____

Print name _____

Title _____ Date _____

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SECTION E – SERVICE DESCRIPTIONS

Bereavement Services

Service Definition:

Bereavement Services will be made available to waiver participants and their families to help them cope with grief related to the challenges of the end of life experience. This service will include, but not be limited to, opportunities for individual, family, or group counseling.

Approved service providers will be social workers, and/or other appropriate licensed professionals who have specialized training and experience working with children and their families who are in need of counseling to address end of life issues related to their illness.

Bereavement services may be provided to informal caregivers and family supports as requested by the family. Services may be provided in the home of the participant/family or other appropriate community setting. Bereavement Services must be initiated and billed while the child is participating in the CAH I/II waiver but may continue, if requested, at no additional charge by the provider, up to one year after the death of the child. *Bereavement Services may not be provided in an institutional setting.*

Bereavement Services must be provided in accordance with the participant's CAH I/II plan of care and as appropriate to the participant's end of life condition and challenges.

Bereavement Services goals are established for each participant and their family and informal caregivers, if any, on an individual basis and are contained in a written plan mutually agreed to by the parent/guardian of the participant. *A copy of the Bereavement Services plan, as well as any service revisions must be given to the participant's CAH I/II case manager and included in the participant's CAH Plan of Care.* Professionals providing Bereavement Services recognize that the child's case manager is the pivotal person encouraging and supporting the cooperative effort required to meet the child's needs. Therefore the provider will share observations and concerns regarding the child's life threatening condition and identified changing service needs related to end of life experience with the participant's interdisciplinary team. Bereavement Counselors **may** be required to participate in team meetings.

It is the responsibility of the Bereavement Counselor to ensure a physician order for Bereavement Services is obtained prior to providing services, and renewed every **60 days**.

Documentation for each visit must be maintained in the participant's file and available upon request.

Provider Qualifications:

The Provider must employ a Bereavement Counselor who meets the following qualifications:

1. Clinical Social Worker currently licensed in NYS pursuant to NYS Education Law, Article 154, Social Work, preferably having three years clinical pediatric and one year clinical end of life care experience; or
2. Psychologist currently licensed in NYS pursuant to NYS Education Law, Article 153, Psychology, preferably having three years clinical pediatric and one year clinical end of life care experience; or
3. Mental Health Counselor currently licensed in NYS, pursuant to NYS Education Law, Article 163, Mental Health Practitioners, Section 8402, Mental Health Counseling, preferably having three years clinical pediatric and one year clinical end of life care experience; and must
4. Demonstrate ongoing proficiency in the principles of end of life care through participation and successful completion of education and training, the curriculum of which includes instruction in communication with children and families, the grief and bereavement process, and end of life care.

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Reimbursement:

There must be a current physician order for the Bereavement service.

The rate code for Bereavement Services is 2334. Services will be reimbursed at \$40 in 30 minute increments. It is limited to 120 hours annually.

Expressive Therapy

Service Definition:

Expressive Therapy is aimed at assisting children meet the challenges of their end of life experience. This service is intended to help children to better understand and express their reactions through professionally led creative and kinesthetic treatment modalities designed specifically for the CAH I/II participant and their siblings. Certified art, music, and play therapists and child life specialists will treat emotional distress associated with the participant's diagnosis by providing age-appropriate information about the plan of care, course of treatment, end of life experience, and useful coping strategies for upcoming frightening treatments and procedures. Expressive Therapy may be provided in the home of the participant/ family or other appropriate setting in the community. *Expressive Therapy may not be provided in an institutional setting.*

All of the Expressive Therapy services provided to a participant and participant's siblings if any must be rendered by one approved provider chosen by the participant (i.e., the parent or guardian).

Expressive Therapy, Music, Art, and/or Play therapy, must be provided in accordance with the participant's CAH I/II plan of care and as appropriate to the participant's end of life condition and challenges.

Expressive Therapy goals are established for each participant and their sibling(s), if any, on an individual basis and are contained in a written plan mutually agreed to by the parent/guardian of the participant. *A copy of the Expressive Therapy plan, as well as any service revisions must be given to the participant's CAH I/II case manager and included in the participant's CAH Plan of Care.* Expressive Therapists recognize that the child's case manager is the pivotal person encouraging and supporting the cooperative effort required to meet the child's needs. Therefore the provider will share observations and concerns regarding the child's life threatening condition and identified changing service needs related to end of life experience with the participant's interdisciplinary team. The Expressive Therapist **may** be required to participate in team meetings.

It is the responsibility of the Expressive Therapist to ensure a physician order for Expressive Therapy is obtained prior to providing services, and renewed every **60 days**.

Documentation for each visit must be maintained in the participants file and available upon request.

Provider Qualifications:

The Provider must employ an Expressive Therapist who meets the following qualifications:

1. Child Life Specialist, currently certified through the Child Life Council, a national professional organization that administers a standard credentialing process, preferably having three years clinical pediatric and one year clinical end of life care experience; or
2. Creative Arts Therapist, currently licensed in NYS pursuant to NYS Education Law, Article 163, Mental Health Practitioners, preferably having three years clinical pediatric and one year clinical end of life care experience; or

3. Music Therapist with a Bachelor's degree in Music Therapy from a program recognized by the NYS Education Department, registered with a nationally recognized organization for Music Therapy professionals, and preferably having one year clinical end of life care experience; or
4. Play Therapist with a Master's degree from a program recognized by the NYS Education Department, and with the credential of Registered Play Therapist conferred by the Association for Play Therapy, and preferably having three years clinical pediatric experience, and one year clinical end of life care experience; and
5. All expressive therapists must demonstrate ongoing proficiency in the principles of end of life care through participation and successful completion of education and training, the curriculum of which includes instruction in communication with children and families, the grief and bereavement process, and end of life care.

Reimbursement:

There must be a current physician order for the Expressive Therapy service.

The rate code for Expressive Therapy is 2336. Services will be reimbursed at \$40 in 30 minute increments. It is limited to one hour per week, not to exceed 5 hours per month.

Family Palliative Care Education (Training)

Service Definition:

Family Palliative Care Education (Family Training) provides, as appropriate, direct instruction and guidance aimed at the principles of end of life care for CAH I/II waiver participants, their families and extended network of support, and other potential informal caregivers. The service may be provided by a registered nurse or social worker who has special training in pediatric palliative care. Services may be provided in the home of the participant/family or other appropriate community setting. *Family Palliative Care Education may not be provided in an institutional setting.*

Family Training providers use specialized assessment and intervention skills to address the physical, psychological and spiritual issues associated with the waiver participant's complex end of life conditions for which curative treatment may fail, is not possible, or because of which an early death is likely. This service is designed to meet the needs of each individual participant and their family. The service is aimed at but not limited to instruction in palliative principles and end of life care and familiarization with the expected trajectory of a child's illness/medical treatment regimens, other related services included in the participant's plan of care, and the process for initiation of funeral arrangements.

The Family Trainer will share observations and concerns regarding the child's life threatening condition and identified changing service needs related to the end of life experience with the participant's interdisciplinary team.

Family Palliative Care Education (Family Training) must be provided in accordance with the participant's CAH I/II plan of care and as appropriate to the participant's end of life condition and challenges.

Family Palliative Care Education (Family Training) goals are established for each participant and their family and informal caregivers, if any, on an individual basis and are contained in a written plan mutually agreed to by the parent/guardian of the participant. *A copy of the Family Palliative Care Education (Training) plan, as well as any service revisions must be given to the participant's CAH I/II case manager and included in the participant's CAH Plan of Care.* Family Trainers recognize that the child's case manager is the pivotal person encouraging and supporting the cooperative effort required to meet the child's needs. Therefore the provider will share

observations and concerns regarding the child's life threatening condition and identified changing service needs related to end of life experience with the participant's interdisciplinary team. Family Trainers **may** be required to participate in team meetings.

It is the responsibility of the Family Palliative Care Trainer to ensure a physician orders for Family Palliative Care Education services is obtained prior to providing services, and renewed every **60 days**.

Documentation for each visit must be maintained in the participant's file and available upon request.

Provider Qualifications:

The Provider must employ a Family Palliative Care Trainer who meets the following qualifications:

1. Registered Nurse currently licensed and registered pursuant to the provisions of the NYS Education Law, Article 139, Nursing, preferably having at least three years clinical pediatric care and one year clinical end of life care experience; or
2. Medical Social Worker having a Master's degree in Social Work and preferably have at least three years clinical pediatric care experience and one year clinical end of life care experience; and must
3. Demonstrate ongoing proficiency in the principles of end of life care through participation and successful completion of education and training, the curriculum of which includes instruction in communication with children and families, the grief and bereavement process, and end of life care.

Reimbursement:

There must be a current physician order for the Family Palliative Care Education service.

The rate code for Family Palliative Care Education is 2332. Services will be reimbursed at \$40 in 30 minute increments. It is limited to 100 hours annually.

Massage Therapy

Service Definition:

Massage Therapy applies a scientific system of activity to the muscular structure of the human body for the purpose of improving muscle tone and circulation. The aim of the therapy is to promote relaxation, manage musculoskeletal pain, and relieve fear and stress associated with the end of life experience. Massage Therapy may be provided in the home of the participant/ family or other appropriate setting in the community. *Massage Therapy may not be provided in an institutional setting.*

Massage Therapy must be provided in accordance with the participant's CAH I/II plan of care and as appropriate to the participant's end of life condition and challenges.

Massage Therapy goals are established for each participant on an individual basis and are contained in a written plan mutually agreed to by the parent/guardian of the participant. *A copy of the Massage Therapy plan, as well as any service revisions must be given to the participant's CAH I/II case manager and included in the participant's CAH Plan of Care.* Massage Therapists recognize that the child's case manager is the pivotal person encouraging and supporting the cooperative effort required to meet the child's needs. Therefore the provider will share observations and concerns regarding the child's life threatening condition and identified changing service needs related to end of life experience with the participant's interdisciplinary team. The Massage Therapist **may** be required to participate in team meetings.

It is the responsibility of the Massage Therapist to ensure a physician order for Massage Therapy is obtained prior to providing services, and renewed every **60 days**.

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Documentation for each visit must be maintained in the participants file and available upon request.

Provider Qualifications:

The Provider must employ a Massage Therapist who meets the following qualifications:

1. Massage Therapist currently licensed and registered in NYS pursuant to NYS Education Law, Article 155, Massage Therapy, preferably having end of life care experience; and must
2. Demonstrate ongoing proficiency in the principles of end of life care through participation and successful completion of education and training, the curriculum of which includes instruction in communication with children and families, the grief and bereavement process, and end of life care.

Reimbursement:

There must be a current physician order for the Massage Therapy service.

The rate code for Massage Therapy is 2335. Services will be reimbursed at \$40 in 30 minute increments. It is limited to one hour per week, not to exceed 5 hours per month.

Pain and Symptom Management

Service Definition:

Pain and Symptom Management services are aimed at the relief and/or control the child's suffering related to their end of life experience. The service will be provided in accordance with the participant's plan of care by specially trained clinical consultants. Authorized clinicians will be limited to a licensed Pediatric or Family Medicine physician or Nurse Practitioner who has documented expertise, training in pediatric palliative care. The use of a nurse practitioner by the provider agency is subject to Federal and State law permitting such use. It is preferred that authorized clinicians will also have a specialty certification in pediatric pain management. Services may be provided in the home of the participant/family or other appropriate community setting. *Pain and Symptom Management may not be provided in an institutional setting.*

Pain and Symptom Management must be provided in accordance with the participant's CAH I/II plan of care and as appropriate to the participant's end of life condition and challenges.

Pain and Symptom Management goals are established for each participant on an individual basis and are contained in a written plan mutually agreed to by the parent/guardian of the participant. The frequency of the assessments will depend upon the professional judgment of the authorized clinician. *A copy of the Pain and Symptom Management plan, as well as any service revisions must be given to the participant's CAH I/II case manager and included in the participant's CAH Plan of Care.* The provider will share observations and concerns regarding the child's life threatening condition and identified changing service needs related to end of life experience with the participant's interdisciplinary team. Providers **may** be required to participate in team meetings.

Documentation for each visit must be maintained in the participant's file and available upon request.

Provider Qualifications:

The Provider must employ a Pain and Symptom Management provider who meets the following qualifications:

1. Pediatrician or Family Medicine physician currently licensed in NYS pursuant to NYS Education Law, Article 131, Medicine, preferably certified by the American Board of Medical Specialties, Royal College of Physicians and Surgeons of Canada, or La Corporation Professele des Mediciens du Quebec in hospice and palliative medicine, and having at least three years clinical pediatric and one year clinical end of life care experience; or
2. Nurse Practitioner currently licensed and certified in NYS, pursuant to NYS Education Law, Article 139, Nursing, Section 6910, preferably having three years clinical pediatric experience, one year clinical end of life care experience, and have served as a member of a pain and symptom management clinical team for the evaluation and treatment of infant, child and adolescent pain. The use of a Nurse Practitioner by the provider agency is subject to Federal and State law permitting such use; and must
3. Demonstrate ongoing proficiency in the principles of end of life care through participation and successful completion of education and training, the curriculum of which includes instruction in communication with children and families, the grief and bereavement process, and end of life care.

Reimbursement:

There must be a current physician order for the Pain and Symptom Management service.

The rate code for Pain and Symptom Management is 2333. Services will be reimbursed at \$56 per visit.