

TO: All Local District Commissioners, Medicaid Directors, Care At Home Coordinators

FROM: Mark L. Kissinger, Deputy Commissioner
Office of Long Term Care (OLTC)

SUBJECT: Care At Home (CAH) I/II Palliative Care Services

EFFECTIVE DATE: March 12, 2010

CONTACT PERSON: Office of Long Term Care
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The purpose of this GIS is to advise the LDSS that beginning February 25, 2010 the DOH will begin enrolling Pediatric Palliative Care Providers for CAH I/II.

Interested providers must be a Certified Home Health Agency (CHHA) or a Hospice, enrolled in NYS Medicaid, and may apply to provide one or more of the following services:

- Bereavement
- Expressive Therapy
- Family Palliative Care Education
- Massage Therapy
- Pain and Symptom Management

The Department of Health will review all applications and the LDSS CAH coordinator will be sent a copy of the letter of decision regarding the application. The LDSS CAH Coordinator will be responsible for maintaining a list of approved palliative care providers.

The provider application and description of the pediatric palliative care services is available on the Department of Health website located at: http://nyhealth.gov/facilities/long_term_care.

The CAH participant's parent or guardian must select a provider for the pediatric palliative care service and the form must be completed, signed and dated by the service provider, the case manager and the CAH Coordinator. Copies of the forms are attached.

The pediatric palliative care service(s) must be deemed medically necessary and incorporated into the participant's plan of care (assessment, physician orders, budget, case management plan of services).