

WAC 182-551-1840 Pediatric palliative care (PPC) case management/coordination services—Provider requirements. (1) An eligible provider of pediatric palliative care (PPC) case management/coordination services must do all of the following:

- (a) Meet the conditions in WAC 182-551-1300;
- (b) Confirm that a client meets the eligibility criteria in WAC 182-551-1810 prior to providing the pediatric palliative care services;
- (c) Place in the client's medical record a written order for PPC from the client's physician;
- (d) Determine and document in the client's medical record the medical necessity for the initial and ongoing care coordination of pediatric palliative care services;
- (e) Document in the client's medical record:
 - (i) A palliative plan of care (POC) (a written document based on assessment of a client's individual needs that identifies services to meet those needs).
 - (ii) The medical necessity for those services to be provided in the client's residence; and
 - (iii) Discharge planning.
- (f) Provide medically necessary skilled interventions and psychosocial counseling services by qualified interdisciplinary hospice team members;
- (g) Assign and make available a PPC case manager (nurse, social worker or therapist) to implement care coordination with community-based providers to assure clarity, effectiveness, and safety of the client's POC;
- (h) Complete and fax the pediatric palliative care (PPC) referral and 5-day notification form (HCA 13-752) to the medicaid agency's PPC program manager within five working days from date of occurrence of the client's:
 - (i) Date of enrollment in PPC.
 - (ii) Discharge from the hospice agency or PPC program when the client:
 - (A) No longer meets PPC criteria;
 - (B) Is able to receive all care in the community;
 - (C) Does not require any services for sixty days; or
 - (D) Discharges from the PPC program and enrolls in the medicaid hospice program.
 - (iii) Transfer to another hospice agency for pediatric palliative care services.
 - (iv) Death.
- (i) Maintain the client's file which includes the POC, visit notes, and all of the following:
 - (i) The client's start of care date and dates of service;
 - (ii) Discipline and services provided (in-home or place of service);
 - (iii) Case management activity and documentation of hours of work; and
 - (iv) Specific documentation of the client's response to the palliative care and the client's and/or client's family's response to the effectiveness of the palliative care (e.g., the client might have required acute care or hospital emergency room visits without the pediatric palliative care services).
- (j) Provide when requested by the medicaid agency's PPC program manager, a copy of the client's POC, visit notes, and any other docu-

ments listing the information identified in subsection (1)(i) of this section.

(2) If the medicaid agency determines the POC, visit notes, and/or other required information do not meet the criteria for a client's PPC eligibility or does not justify the billed amount, any payment to the provider is subject to recoupment by the medicaid agency.

[Statutory Authority: RCW 41.05.021, Section 2302 of the Patient Protection and Affordable Care Act of 2010 (P.L. 111-148), and Section 1814 (a)(7) of the Social Security Act. WSR 12-09-079, § 182-551-1840, filed 4/17/12, effective 5/18/12. WSR 11-14-075, recodified as § 182-551-1840, filed 6/30/11, effective 7/1/11. Statutory Authority: RCW 74.08.090, 74.09.520. WSR 05-18-033, § 388-551-1840, filed 8/30/05, effective 10/1/05.]