

Medicaid Adds Prescribed Pediatric Extended Care Center (PPECC) Services as a New Comprehensive Care Program Benefit

November 1, 2016 Texas Medicaid implemented a new Comprehensive Care Program benefit. Senate Bill 492, 83rd Legislature, Regular Session, 2013, directed the Department of Aging and Disability Services (DADS) to create a new licensure category and the Department of Health and Human Services Commission (HHSC) to establish a new Medicaid benefit for Prescribed Pediatric Extended Care Centers (PPECCs).

A PPECC will provide non-residential, facility-based care as an alternative to private duty nursing (PDN) services for clients who are 20 years old and younger and who are medically or technologically dependent.

A PPECC must start with obtaining a license (temporary or initial) from the DADS to be enrolled as a Texas Medicaid provider. Once licensed, a PPECC must do one of the following to become a Medicaid enrolled provider:

- Apply online, by visiting www.TMHP.com and select “providers” in the banner at the top of the page, and then selecting “Enroll Today!” in the banner at the top of the page. Follow the onscreen instructions.
- Submit a paper application, by downloading the enrollment forms. Providers can access these forms by following the instructions above and then following the onscreen instructions. A provider can also request an enrollment package from TMHP by phone at 1-800-925-9126 or by mail at:

Texas Medicaid & Healthcare Partnership
ATTN: Provider Enrollment
PO Box 200795
Austin, TX 78720-0795

When prescribed by a physician, the individual can receive services from a prescribed pediatric extended care center up to maximum of 12 hours per day for medical, nursing, psychosocial, therapeutic, and developmental services appropriate to the individual’s medical condition and developmental status. These services may not be provided overnight (9 p.m. to 5 a.m.).

“Medically or technologically dependent” means a child who “due to an acute, chronic, or intermittent medically complex or fragile condition or disability requires physician-prescribed, ongoing, technology-based skilled nursing care to avert death or further disability, or the routine use of a medical device to compensate for a deficit in a life-sustaining body function.”

PPECC services are intended as an alternative to PDN. However, an admission to a PPECC is not intended to supplant the right of a client to access PDN; personal care services (PCS); home health skilled nursing (HHSN); home health aide (HHA); and occupational, physical, and/or speech therapies, as well as respiratory therapy and early childhood intervention (ECI) services rendered in the client’s residence when medically necessary.

A client has a choice of PDN, PPECC, or a combination of both PDN and PPECC for medically necessary ongoing skilled nursing where PPECC services are available. However, PPECC and PDN services may not be rendered simultaneously. PDN services may be rendered before or after any

PPECC services have been provided on the same day.

Eligibility Requirements

For PPECC admissions, the client must:

- Be eligible for Texas Health Steps (THSteps)-Comprehensive Care Program
- Be 20 years of age or younger
- Require ongoing skilled nursing care and supervision and therapeutic interventions beyond the level of Home Health Skilled Nursing visits (e.g., qualifies for Private Duty Nursing)
- Be considered medically or technologically dependent
- Have an acute or chronic condition
- Be stable for outpatient medical services, and not a risk to self or others
- Have a physician prescription (the ordering physician must examine the client within 30 calendar days before admission)
- Have a signed and dated client or client responsible adult consent (i.e., the admission must be voluntary)
- Reside with a responsible adult, and not reside in a 24-hour inpatient facility (e.g., hospital, nursing facility [NF], or intermediate care facility [ICF])

PPECC Services

PPECC services may include the following:

- The development, implementation, and monitoring of a comprehensive plan of care provided to a medically-dependent or technologically-dependent minor
- Services that are prescribed by the ordering physician and documented in the PPECC plan of care

PPECC services that will be incorporated into the PPECC rates include:

- Skilled nursing
- Personal care services (while in the PPECC)
- Functional developmental services
- Psychosocial services
- Nutritional counseling
- Responsible adult training and education
- Transportation (separate per diem rate for transportation)

Speech, physical, and/or occupational therapies may be rendered at a PPECC, but are not considered part of the PPECC services covered by Texas Medicaid, and must be billed separately by Medicaid-enrolled service providers, including independent therapists and home health therapists. Early Childhood Intervention services, as well as Certified Respiratory Care Practitioner Services and hospice may also be performed in a PPECC setting, but are billed separately. To prevent duplication, PCS, PDN, and Home Health Aide/Skilled Nursing may be performed on the same day as PPECC, but not at the same time.

PPECC Information Resources

For more information, please see websites below

- Any inquiries about the Medicaid program and policy can be sent PPECC mailbox: HHSC_PPECC@hsc.state.tx.us
- Any inquiries related to licensure should be directed to DADS at: ppecc@dads.state.tx.us
- DADS PPECC website: <http://www.dads.state.tx.us/providers/PPECC/index.cfm>

- Texas Medicaid website: <https://hhs.texas.gov/services/health/medicaid-and-chip>
- Information about provider enrollment, including news articles, instructions, and FAQs, will be posted to: <http://www.TMHP.com>

For more information contact your provider representative or visit the rightcare.swhp.org website.



Prescribed Pediatric Extended Care Centers

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Prescribed Pediatric Extended Care Center: Definition and Background

S.B. 492* directed the Texas Department of Aging and Disability Services (DADS) to create a new licensure category and HHSC to establish a new Medicaid-payable benefit for Prescribed Pediatric Extended Care Centers (PPECC). The PPECC:

- Provides non-residential, facility-based care for individuals under age 21 who are medically or technologically dependent as an alternative to private duty nursing (PDN)
- When prescribed by a physician, provides care up to 12 hours per day for medical, nursing, psychosocial, therapeutic, and developmental services
- Does not provide services overnight (9 p.m. to 5 a.m.)

H.B. 2340

H.B. 2340* primarily impacted licensure requirements overseen by DADS

- Created a temporary, initial and renewal licensure structure
 - Temporary license option created to address PPECC concerns related to insurance coverage during the period when they must be observed by DADS serving children before an initial license is issued
- DADS rules became effective September 1, 2016
- HHSC Impacts:
 - Clarification that parental accompaniment is not required for PPECC services
 - Nursing hours rendered through a PPECC must be a one-to-one replacement of private duty nursing hours, unless additional hours are medically necessary.

DADS Licensure Required Staff Ratios

Minors	Total Staff	RN	RN or LVN	RN, LVN or Direct Care staff
1	1	1		
2-6	2	1		1
7-9	3	1	1	1
10-12	4	1	1	2
13-15	5	2	1	2
16-18	6	2	1	3
19-21	7	2	2	3
22-24	8	2	2	4
25-27	9	3	2	4
28-30	10	3	2	5
31-33	11	3	3	5
34-36	12	3	3	6
37-39	13	4	3	6
40-42	14	4	3	7

Timeline

Event	Date
Provider Enrollment Becomes Available	January 2015
State Plan Submission	December 2015
Rate Hearing	February 10, 2016
Medical Policy Finalized	March 2016
HHSC Program Rules published	August 2016
Medicaid Managed Care Contract Effective Date	September 1, 2016
Provider Contracting & Credentialing	Starting September 1, 2016 (ongoing)
Updated DADS licensure requirements effective	September 1, 2016
Health Plan training on PPECC	September 2016
Public Comment on Program Rules Due	September 11, 2016
Rates effective	November 1, 2016
Rules effective and benefit begins	November 1, 2016

PPECC Services: Qualification

- Limited to medically or technologically dependent minors who are younger than 21
 - “Medically or technologically dependent” means a child who “due to an acute, chronic, or intermittent medically complex or fragile condition or disability requires physician prescribed, ongoing, technology-based skilled nursing care to avert death or further disability or the routine use of a medical device to compensate for a deficit in a life-sustaining body function”
- In fiscal year 2014, 4,261 children received PDN services in either fee-for-service (FFS) or managed care

Admission Criteria for PPECCs

By statute*, to receive PPECC services:

- Client must be a medically dependent or technologically dependent minor
- Minor's prescribing physician must issue a prescription ordering care at a center
- Minor's parent or legal guardian must consent to the minor's admission to the center
- Admission must be voluntary based on the parent's or legal guardian's preference, in managed care and non-managed care service delivery systems

Client Choice

- A client will have a choice between PPECCs and private duty nursing (PDN) to meet their ongoing skilled nursing needs.
- A client's choice of a PPECC for skilled nursing services does not supplant the client's right to private duty nursing.
- Some clients may have a combination of both services.

Admission Criteria / Medical Necessity

Per Medicaid Medical policy, clients must:

- Be eligible for THSteps- Comprehensive Care Program (CCP)
- Be age 20 or younger
- Require ongoing skilled nursing care and supervision and therapeutic interventions beyond level of Home Health Skilled Nursing visits
- Be medically or technologically dependent
- Have an acute or chronic condition
- Be stable for outpatient medical services, and not a risk to self or others
- Have a physician prescription (Ordering physician must personally examine client within 30 calendar days before admission)
- Have a signed and dated client or client-responsible adult consent - admission must be voluntary
- Reside with responsible adult, and not in a 24-hour inpatient facility (e.g., hospital, NF, ICF)

PPECC Provided Services

- Development, implementation, and monitoring of a comprehensive plan of care provided to a medically or technologically dependent minor
- Services prescribed by the physician and documented in PPECC plan of care
- Services included in the Medicaid State Plan as part of the PPECC rates include:
 - Skilled nursing
 - Personal care services (while in the PPECC)
 - Functional developmental services
 - Psychosocial services
 - Nutritional counseling
 - Responsible adult training and education
 - Transportation (separate per diem for transportation)
 - *Subject to CMS approval*

Separately Paid Services Provided in a PPECC Setting

- Therapy services are excluded from the PPECC payment rate.
 - Therapy service providers will render services at the PPECC location and will bill independently (including home health therapists).
- Early Childhood Intervention (ECI) and hospice services also may be rendered in a PPECC but must be billed separately.

Separately Paid Services Provided in a PPECC Setting (continued)

- Medicaid policy requires documentation of a written agreement between a physical therapy (PT), occupational therapy (OT), speech therapy (ST), respiratory care, and hospice provider and PPECC for each client addressing responsibilities of the therapist and PPECC providers, and how the providers will coordinate the client's plan of care.
- MCO claims system must accommodate PPECC as a place of service for OT, ST, PT, and respiratory therapy services.
- Therapists can include:
 - Independent therapists (may or may not be employees or contractors of the PPECC)
 - Home health therapists

MCO Contract Amendments

- STAR, STAR Health, and STAR Kids contracts amended
 - Definition of PPECC added
 - Other PPECC-specific provisions include:
 - Adherence to PPECC program rules
 - References existing continuity of care provisions
 - Requires care coordination
 - Services requiring prior authorization (per proposed program rules, initial up to 90 days, up to 180 days thereafter)

MCO Contract Amendments (continued)

- Covered services updated to include PPECC
- Provider network requirements to require PPECC inclusion in network updated
- Several sections of STAR Kids contract changed:
 - Screening assessment
 - Service coordination
 - Level Two requirements
 - Education and outreach
 - Member education
 - Community-based service providers
- Service management provisions of the STAR Health contract also were amended

PPECC General Contract Provisions

- PPECC services:
 - Must be prescribed
 - Per PPECC medical policy, the prescriber cannot be the PPECC Medical Director unless that physician has a patient relationship outside of the PPECC setting
 - Cannot supplant the client's right to receive PDN
 - Are a one-to-one replacement of existing PDN service hours, unless additional hours are medically necessary
 - Can be received the same day as PDN, but PDN cannot be billed simultaneously with the PPECC
- Network PPECCs must adhere to licensure standards

PPECC General Contract Provisions (continued)

- Admission to PPECC is voluntary and based on member preference between PDN and PPECC
- MCO must:
 - Adhere to PPECC Medicaid program rules*
 - Ensure continuity of services per Continuity of Care contract provisions
 - Coordinate care and authorizations between the PPECC and other service providers to prevent duplication
- Cost of services may not be a factor in determining the appropriate setting for ongoing skilled nursing (PDN or PPECC)

*1 Tex. Admin. Code, Part 15, Chapter 363, Subchapter B, §363.201 to §363.215, effective November 1, 2016

Prior Authorization (General Contract Provisions)

- Prior authorization required for PPECC per PPECC program rules:
 - 90-day initial authorization
 - 180-day authorization recertification
- MCOs may choose to use FFS Medicaid forms (CCP prior authorization, PPECC plan of care, nursing addendum to plan of care for PDN and/or PPECCs) or similar plan-developed forms
- The nursing addendum includes the 24-hour flow sheet

PDN and PPECC Coordination related to Prior Authorization (FFS)

- Per the PPECC medical policy:
 - When client or client's physician notifies the PPECC that the client also receives PDN, the PPECC must coordinate services with the PDN provider (e.g., collaborate on respective 24 hour flow sheets).
 - Skilled nursing hours are not expected to increase when the client utilizes a combination of both PPECC and PDN services, unless there is a documented change in medical condition, or the authorized hours are not commensurate to the client's medical needs and additional hours are medically necessary.

PDN and PPECC Coordination

- When a new service is initiated for ongoing skilled nursing services, and the client wants to receive PDN and PPECC services, the Texas Medicaid claims administrator will compare the nursing addendum's 24 hour daily care flow sheets and medical necessity documentation (e.g., authorization requests).
- Upon approval of PDN or PPECC services, the provider who submitted the initial prior authorization request that established the number of authorized skilled nursing hours will have their authorized hours reduced to prevent duplication of services.

PDN and PPECC Coordination (continued)

- When hours are reduced, the PDN or PPECC provider affected by the reduction will be notified by the Texas Medicaid Claims Administrator when the reduction is effective, and the revised amount of authorized hours.
- A revision request documenting medical necessity is required only if there is a change in the client's medical condition or the client's medical needs are not commensurate with authorized hours and additional ongoing skilled nursing hours are medically necessary.
- No action is required if additional hours are not medically necessary.

Prior Authorization - MCOs

- MCOs are subject to PPECC program rules, which lay out authorization requirements:
 - Physician order by start of care
 - PPECC-developed plan of care
 - Authorization request form
 - Completed nursing addendum (spelling out nursing services to be provided, including 24-hour flow chart)
 - Client or responsible adult signed consent
- MCOs may use their own forms if they capture similar elements
 - May be advantageous to use FFS-developed forms such as the nursing addendum, as the form includes all required client consents
 - The PPECC plan of care form includes all required elements in the medical policy

Additional information on Prior Authorization in FFS

- Verbal orders allowed, but in FFS, the signed and dated authorization forms (Plan of Care, Nursing Addendum) must be submitted within 10 days of the start of care, or authorization may be denied.
- The physician signature on the Plan of Care can serve as the physician order in FFS.

STAR Kids Specific Amendments

- Education and Outreach
 - PPECC included in the list of covered services
 - MCOs must ensure members receive information and education materials about certain covered services such as PPECC
- Level 2 Members
 - Updated the definition for nursing services, including clarifying that nursing services includes PDN and PPECC
- Service Coordinator Roles/Responsibilities
 - Must provide information to member, member's parent, or guardian regarding nursing service options (including PDN or PPECC)

STAR Kids Specific Amendments (continued)

- Initial Screening and Assessment Process
 - Clarifies that the MCO must use the Nursing Care Assessment Module to determine nursing services and number of PDN, PPECC, or combination of both PDN and PPECC service hours
- Texas Health Steps CCP Community Based Services
 - Adds PPECC to the list of CCP services that the MCO must provide
 - Clarifies PPECC services, including adding language similar to PDN for PPECC that clients seeking PPECC services must be determined eligible using the STAR Kids Screening and Assessment Instrument

STAR Health Specific Amendment

- Access to Care and Service Management
 - Ensures that services such as PDN and PPECC are coordinated to prevent duplication between home health agencies, PPECCs, therapy providers, and other CCP providers

STAR Service Management for Members with Special Health Care Needs

- Service Management for Members with Special Health Care Needs (MSHCN)
 - Clarifies that Service Management includes coordination of services and authorizations to prevent duplication for clients who require THSteps-CCP Services, such as coordination between private duty nursing and PPECC providers

Reimbursement

- PPECC services billed using a CMS 1500; place of service “outpatient hospital”
 - In FFS, provider type 15, Provider Specialty A4
- Services begin when PPECC assumes responsibility for client (i.e., when client boards transportation or when a responsible adult brings client to PPECC)
- Services end when PPECC relinquishes responsibility for the client (i.e., when PPECC transport vehicle returns client to his or her home or when a responsible adult picks client up from the PPECC)

Reimbursement (continued)

- HHSC proposing T1025, per diem, and T1026, hourly*
 - T1026 is hourly up to four hours
 - For services longer than 4.25 hours, T1025 per diem code would be used
 - T1025 and T1026 will not be allowed on the same day
 - These codes are defined as:
 - Intensive, extended multidisciplinary services provided in a clinic setting to children with complex medical, physical, mental, and psychosocial impairments (T1025, per diem; and T1026, hourly)
- T2002, per diem for transportation

*Payment methodology subject to CMS approval per the SPA submission

Reimbursement (continued)

- Transportation code T2002, per diem, must always be billed with a service code.
- For T1026, a minimum of 15 minutes of service are required to round up to a full hour.
- Only licensed PPECCs may be reimbursed (including temporarily licensed PPECCs).
- Parental accompaniment not required for PPECC.
- Transportation service code (T2002) not prior authorized, but service codes (T1025 and T1026) are prior authorized in Fee-for-Service Medicaid.
- Transportation is considered authorized if the service is prior authorized.

Rates

- Per S.B. 492, the Medicaid payment rate for PPECs must not exceed 70 percent of the average hourly rate for PDN provided under the THSteps-CCP.
- Rates will be finalized once the State Plan Amendment program pages are approved.
- A rate hearing was held February 10, 2016.
- The proposed rate packet can be found on the HHSC website, but it is subject to change.

<http://legacy-hhsc.hhsc.state.tx.us/rad/rate-packets.shtml>

System Edits

Edits/Audits		Description
00182	Edit	Procedure to Provider Specialty
00183	Edit	Procedure to Provider Type
00186	Edit	Procedure to Place of Service
00245	Edit	CCP Procedure Requires Authorization
01286	Edit	PPECC Only Restricted Procedures
03110	Limitation	One PPECC Per Diem/Transportation Per Day, Same Procedure, Any Provider
03111	Limitation	Four Units (Hours) Per Day, Same Procedure, Any Provider
03112	Relationship	PPECC Per Diem and Hourly Procedure Not Allowed Same Day, Any Provider
03115	Negative Relationship	PPECC Transport Not Allowed Without PPECC Service on the Same Day, Same Provider

PPECC Limitations & Exemptions

- Child must:
 - Be stable for outpatient services
 - Not reside in a 24-hour inpatient facility
 - Meet the medical necessity criteria
- Services must:
 - Be limited to 12 hours per child, per day
 - Not be provided to more than 60 minors per facility during a given time period
 - Be prescribed by a physician and accompanied by a PPECC plan of care
 - Not include services that are the responsibility of a local school district
 - Not include supportive or contracted services like therapies

Additional Policy Impacts

- Personal Care Services (e.g., in the home)
 - Payable before or after PPECC, but not simultaneously on the same day
 - Add coordination of care provisions
- ECI
 - Allowable in a PPECC setting
 - Billed separately by ECI providers
 - Requires PPECC National Provider Identifier (NPI) on professional claim
- PT/OT/ST Therapies – CCP
 - Allowable in a PPECC setting
 - Billed separately by the therapists
 - Note: FFS requires PPECC NPI on the claim (whether UB 04 or CMS 1500)

Additional Policy Impacts (continued)

- Ambulance
 - Prohibits non-emergency ambulance transport to and from a PPECC
- Private Duty Nursing (PDN)
 - Adds coordination of care provisions with PPECC
 - Payable before or after PPECC on same day, but not simultaneously
- Certified Respiratory Care Practitioner (CRCP)
(CCP and non-CCP policies, respectively)
 - Allows CRCP services to be rendered in a PPECC setting
 - Must include PPECC NPI on the claim
- Home Health and Skilled Nursing
 - Adds coordination of care provisions with PPECC
 - Allowable same day as PPECC, but not simultaneously

When PPECC Services May be Denied

- When the client:
 - Does not meet medical necessity criteria for admission
 - Does not have an ordering physician
 - Is not 20 years of age or younger
 - Does not have needs beyond the scope of services available through Medicaid Title XIX Home Health Skilled Nursing and/or Home Health Aide Services because the needs can be met on a part-time or intermittent basis through a visiting nurse
- When the services
 - Are primarily intended to provide respite care or child care
 - Are provided for the sole purpose of responsible adult training

When PPECC Services May Be Denied (continued)

- When the signed and dated Plan of Care (POC) is not received by the claims administrator within ten business days from the Start of Care (SOC)
- When the request
 - Is incomplete
 - Includes inconsistent information
- When the requested services are not ongoing skilled nursing services
- When there is a duplication of services

Health Plan Contracting & Credentialing

- HHSC anticipates health plan contracting and credentialing with providers will be an ongoing process.
- No providers are currently licensed as PPECCs, and it may take a while for providers to become licensed and Medicaid enrolled.
- HHSC will work with DADS to develop a process to transmit information on newly licensed PPECCs to the plans.
- It is anticipated that PPECCs will be centered in larger urban areas.

Anticipated MCO Impact

- PPECC contracting and credentialing
- Claims system changes (programming edits/audits)
- Prior authorization protocols/processes
- Service management or service coordination impacts
- Provider training for PPECCs as necessary
- Updates to materials such as provider directory, client and provider handbooks, potentially forms

NOTE: HHSC will work to update the Uniform Managed Care Manual with guidance specific to PPECC. The STAR Kids manual already includes PPECC information

Questions and Resources

- Any inquiries about the Medicaid program and policy can be sent to Laura Jourdan:
Laura.Jourdan@hhsc.state.tx.us or 512-462-6269
- PPECC mailbox:
HHSC_PPECC@hhsc.state.tx.us
- Any inquiries related to licensure should be directed to DADS at:
ppecc@dads.state.tx.us
- DADS PPECC website:
<http://www.dads.state.tx.us/providers/PPECC/index.cfm>

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