



Department of Health Care Services
Systems of Care Division (SCD)



Partners for Children (PFC) Agency Provider Application Packet
Application Form

This form is an application for enrollment as a Provider in the Partners for Children (PFC) pediatric palliative care waiver program and also will be used by PFC Providers when making changes to previously submitted information. Applicants and Providers must submit additional information and documentation. Applicants and Providers also may be subject to an on-site inspection and/or to unannounced visits upon acceptance as a PFC Provider.

Important:

- Read all instructions before completing the application.
- Type or print clearly, in ink.
- Do not leave any questions, boxes, lines, etc. blank. Enter N/A if not applicable.
- Return completed forms to:

**DHCS SCD
Partners for Children Pediatric Palliative Care Waiver
MS 8100, P.O. Box 997413
Sacramento, CA 95899-7413**

Omission of any information or documentation on this application, or failure to appropriately sign the application, may result in delays in or inability to process this application. You may be contacted if additional information and documentation is needed.

For assistance, please contact SCD, PFC staff at:

ccsppc@dhcs.ca.gov

Enrollment action requested (check applicable box)

Date: _____

- New Application
- Change of Information

Type of Provider:

- Hospice Agency
- Home Health Agency



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Legal Name of Agency: (as registered with Medi-Cal)		
Business Name: (if different than legal name)		
National Provider Identifier (NPI):		
Business Address:	State:	ZIP Code:
City:		
Mailing Address: (if different from above)	State:	ZIP Code:
City:	Fax Number:	
Business Telephone:		
E-mail Address:		
Active Medi-Cal Provider Numbers:		
Agency License Number:	Expiration Date:	
Effective Date:	Phone:	
Agency Administrator/CEO:		
Email Address:		
Agency Medical Director: (if applicable)		
Email Address:		
Contact Person for this Application:	Fax:	E-mail:
Phone:		

PLEASE NOTE: The following documents must be included with you PFC Provider Application:

- **Please attach a copy of the Certificate or License of the Home Health Agency and/or Hospice Agency issued by the California Department of Public Health.**
- **Please attach a copy of your Agency Organization Chart.**



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Provider Agreement Form**

Providers participating in Partners for Children (PFC) Pediatric Palliative Care Waiver program shall agree to:

- Be enrolled in and maintain enrollment as a Provider in the Medi-Cal program with an active Provider number;
- Abide by the laws, regulations, and policies of the California Children's Services (CCS) program;
- Abide by licensing and/or certification requirements for Medi-Cal Title XIX and/or Medicare Title XVIII reimbursement, as overseen by the California Department of Public Health (CDPH), Licensing and Certification (L&C) Program (including mandatory time frames outlined in the Home Health Agency and Hospice Provider Handbook pertaining to the completion of initial assessments and care plans);
- Accept referral of CCS clients who are Medi-Cal beneficiaries and whose services are authorized by the CCS program;
- Request prior authorization for services from the CCS program before rendering services;
- Accept payment from the Medi-Cal program for services as payment in full;
- Not submit a claim to, or demand or otherwise collect reimbursement from, the CCS client or family for any services authorized by the CCS program;
- Provide copies of written documentation, such as medical records of services rendered, as requested by the CCS program;
- Provide services to CCS clients and their families regardless of race, color, ancestry, marital status, country of origin, gender, age, economic status, physical or mental disability, political or religious affiliation or beliefs, or sexual orientation;



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- Provide services in a manner that is family centered and culturally and linguistically competent, including the provision of translators and written materials; and
- Consult and coordinate with other Providers on the delivery of services to children whose CCS-eligible medical condition requires a multidisciplinary, multispecialty team approach.
- Upon approval, the provider agrees to abide by PFC program requirements described in all PFC Program Notices, the PFC Program Manual, and the PFC Provider Application.

This application is submitted with the understanding that the information contained in this document is accurate and complete to the best of my knowledge and belief and that the agency will meet and comply with the terms identified in the **Agency Staff Participation Form**.

Authorized Signature

Printed Name

Title

Date



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Agency Staff Participation Form**

The following table identifies the PFC services your agency will be responsible to provide and the classification of personnel each service requires. Please complete the table by indicating the name, title, and license or certificate number for each employee/contractor. In addition, please specify the time the employee/contractor will dedicate to PFC clients. For example, an FTE of 1.0 means a full-time employee/contractor will spend 100% of their time with PFC clients, while an FTE of 0.5 means a full-time employee/contractor will only spend 50% of their time with PFC clients.

Attach a copy of the following for each employee/contractor providing a PFC service:

- Curriculum Vitae/Resume describing the pediatric experience that meets PFC qualifications as described in the document titled “Provider Requirements of Participation”;
- Duty statement (if available);
- Certification of palliative care training (if applicable);
- License/certificate (must match the number provided in the table below); and
- Massage therapist must include a copy of certification by the California Massage Therapy Council (CAMTC), as well as registration in city/county where conducting business or state certification.

If more pages are needed to identify staff, attach additional pages with appropriate information and indicate the number of additional pages (above the 2 original) attached in the box provided.

Please use this form to advise the DHCS SCD of any changes in staff providing services under this Waiver within 15 business days of implementing this change.

Legal Name of Agency		
Number of Additional Pages Attached:		Date:

Action requested (check applicable box)

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Care Coordination (Provided by RN, LCSW, ACSW, or MSW)			
Name	Title	License #	FTE

Family Training (Provided by RN)			
Name	Title	License #	FTE

Pain and Symptom Management (Provided by RN)			
Name	Title	License #	FTE

Expressive Therapy: Child Life (Provided by Child Life Therapist)			
Name	Title	Certificate #	FTE

Expressive Therapy: Music (Provided by Music Therapist)			
Name	Title	Certificate #	FTE



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Expressive Therapy: Art (Provided by Art Therapist)			
Name	Title	License #	FTE

Expressive Therapy: Massage (Provided by Massage Therapist)			
Name	Title	License/Certificate #	FTE

In-Home Respite Care (Provided by RN, LVN or Certified Home Health Aide)			
Name	Title	License/Certificate #	FTE

Family (Including Bereavement) Counseling (Provided by Licensed Psychologist, LCSW, ACSW Supervised by an LCSW, or LMFT)			
Name	Title	License #	FTE



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If your agency does not currently employ or subcontract with the staff needed to fulfill the requirements for participation as a PFC Provider, please describe how your agency will satisfy the requirements.

PLEASE NOTE: The **Agency Staff Participation Form** is to be updated, as needed, when:

- Your agency has satisfied the requirements for participation as described above ; and
- Changes in employee/contract staff providing waiver services have occurred (information to be provided to DHCS SCD within 15 days of an employee/contract staff change).



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**Partners for Children (PFC) Agency Provider Application Packet
Provider Requirements of Participation**

Partners for Children provides home-based and family-centered supportive palliative care services and care coordination to children who have a life-threatening California Children's Services (CCS)-eligible medical condition with a complex set of needs. By providing curative treatment combined with supportive services, the program provides an extra layer of support for the children and their families. The objective is to improve the child's and his/her family's quality of life and minimize the use of hospitals. (The PFC program serves full-scope, no share of cost Medi-Cal beneficiaries.)

In order to provide PFC pediatric palliative care waiver services, a participating Home Health or Hospice Agency must meet all of the qualifications listed below:

- Be a Medi-Cal Provider delivering services to children residing in one of the participating counties;
- Have completed PFC agency Provider training before providing services;
- Have successfully completed the PFC Provider Application;
- Provide phone consultation on a 24 hour basis, 7 days a week by a Registered Nurse (RN), with pediatric palliative care experience preferred;
- Provide interpreter services for the participant and family;
- Maintain documentation related to services provided to all PFC participants for review by the Department of Health Care Services; and
- Collaborate with the California Children's Services (CCS) program to coordinate the care of all participants;
 - Primary communication will take place between the Agency Care Coordinator and the County CCS Nurse Liaison (CCSNL).



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Provider Requirements of Participation**

A participating PFC Home Health or Hospice Agency must provide all of the following services using either employees or contractors:

- Comprehensive Care Coordination,
- Family Training,
- Pain and Symptom Management,
- Expressive Therapies,
- In-Home Respite Care,
- Coordination of Out-of-Home Respite Care, and
- Family (Including Bereavement) Counseling.

A participating PFC Home Health or Hospice Agency must develop and implement policies and procedures to ensure the health and welfare of PFC participants:

- **24/7 Access**
Nursing services shall be available by phone 24 hours per day, seven days a week, 365 days per year, to provide advice and assistance to PFC participants and families. The on-call staff must be an RN, with pediatric experience preferred.
- **Compliance with Education and Experience Standards and Licensure/Certification Requirements**
Safeguards shall be in place to ensure that personnel meet education and experience standards, as well as requirements for State licensure and certification.
- **Child Abuse and Neglect**
Providers shall comply with laws and regulations pertaining to the identification and reporting of known or suspected child abuse or neglect. Additional information pertaining to mandated reporter legal requirements and training can be found at:

www.mandatedreporter.ca.com/



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Provider Requirements of Participation**

- **Confidentiality**

Providers shall ensure that policies and procedures are in place to ensure compliance with State law and the Health Insurance Portability and Accountability Act (HIPAA) requirements regarding privacy and security of Protected Health Information (PHI) for Medi-Cal clients. Additional information pertaining to HIPAA requirements can be found at:

[Health Insurance Portability and Accountability Act \(HIPAA\)](#)

- **Documentation**

Providers shall maintain a record of reported incidents in the participant's chart including:

- Subjective data including the participant/caregiver's description of the incident or other subjective data which may be indicative of child abuse/neglect;
- Objective findings of the physical assessment;
- Observed behavior of the participant/caregiver which may be indicative of abuse or neglect;
- Assessment of the immediate safety of the participant in the home environment including the plan for accessing necessary safety and community resources;
- Name of CPS staff the case was reported to and the reference number;
- Case disposition; and
- Police involvement.



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Provider Requirements of Participation**

Communication is a critical PFC program component. Therefore, a participating PFC Home Health or Hospice Agency must have a policy in place for effective, culturally appropriate, communication using all necessary vehicles in order to exchange information, thoughts or ideas with: participants and their families; PFC team members; County CCS staff, medical staff, and outside agencies. In addition, the Provider shall ensure that:

- A systematic approach to communicate respectfully with people in difficult situations will be developed and maintained; and
- The agency will use its professional presence and principles of family-centered care to ensure that information sharing is open and objective.

A Participating PFC Home Health or Hospice Agency must be in compliance with all licensure requirements and Federal and State Regulations, as overseen by the California Department of Public Health, Licensing and Certification Division.

For additional information regarding licensing and certification of Home Health or Hospice Agencies, please choose from the list below to find a Licensing and Certification District Office near you.

<http://www.cdph.ca.gov/certlic/facilities/Pages/LCDistrictOffices.aspx>



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Provider Requirements of Participation**

Care Coordination Service Overview

Care Coordination is a PFC service that makes it possible for the participant to receive all medically necessary care at home and in the community, and thus avoid institutionalization in an acute care hospital. The primary function of the Care Coordinator is to ensure a family-centered, culturally competent system of care to sustain the participant's and family's quality of life. Care Coordination services are authorized to a Provider of the participants/family's choice, and are provided at a minimum of four hours per participant per month depending on the individual participant/family needs.

The Care Coordinator is required to schedule (at least) monthly, face-to-face home visits. In addition, the Care Coordinator is responsible for documenting the results of monthly evaluations and related requests for service authorizations on Initial, 60-Day and 6-Month Family Centered Action Plans (F-CAPs). Monthly care coordination visits, at a minimum, will include:

- Facilitation of a Family-Centered Team Meeting to identify treatment goals and to evaluate whether PFC services are meeting the participant's and the family's changing needs;
- Evaluation of the home environment for health and safety; and
- Evaluation of the participant for signs of abuse, neglect and exploitation, including ensuring that the participant receives a monthly physical assessment by an RN.

The Care Coordinator is responsible for maintaining a collaborative partnership with the CCSNL by communicating all issues related to the care of the PFC participant, including services available through other sources such as: State Plan benefits, private insurance or available community resources. This collaboration will include:

- Scheduling monthly case conferences with the County CCSNL, to share the results of the monthly evaluations; and
- Submitting FCAPs to the County CCSNL for review and approval, and abiding by F-CAP submission time frames and documentation requirements established by the CCSNL and the State Agency.



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Provider Requirements of Participation**

Care Coordination Provider Types:

- Registered Nurse (RN)
- Medical Social Worker, with at least a Master's degree (MSW)

Care Coordinator Pediatric Experience and Education Requirements:

- A minimum of three years clinical pediatric experience;
- A minimum of one year clinical End of Life Care experience; and
- End of Life Nursing Education Consortium (ELNEC) or equivalent training within the last five years

Care Coordination Service Limits:

Initial Care Coordination Assessment is a set, one-time (per participant) fee for up to 22 hours of initial assessment services.

Monthly Care Coordination is a set, monthly (per participant) fee for four and eight hours of services per child related to coordination of medical and palliative care services, at home, clinic, school, or other settings.

Supplemental Care Coordination is a per hour rate provided (per participant) as needed, for up to 60 hours of additional care coordination services per child each 90 days.



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Provider Staff Roles and Requirements**

Family Training Service Overview

Family Training is a PFC service provided by an RN for the Family Unit, Circle of Support, or other primary caregivers, and includes instruction about how to best meet the needs of the participant. Areas of focus for family training service Providers include: end of life care; palliative care principles; care needs; medical treatment regimen; and use of medical equipment.

Family Training Provider Type:

- Registered Nurse (RN)

Family Training Pediatric Experience and Education Requirements:

- A minimum of three years clinical pediatric experience;
- A minimum of one year clinical End of Life Care experience; and
- End of Life Nursing Education Consortium (ELNEC) or equivalent training within the last five years.

Family Training Service Limits:

Up to 100 hours per year per child



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Provider Staff Roles and Requirements**

Pain and Symptom Management Service Overview

Pain and Symptom Management is defined as nursing care in the home by an RN to manage the participant's symptoms and pain. Management includes regular, ongoing symptom and pain assessments to provide relief of suffering. In addition, management may include treatment of distressing symptoms and side effects, incorporating pharmacological, non-pharmacological and complementary/supportive therapies. The approach to the relief of suffering is comprehensive, addressing physical, psychological, social and spiritual aspects.

Pain and Symptom Management Provider Type:

- Registered Nurse (RN)

Pain and Symptom Management Pediatric Experience and Education Requirements:

- A minimum of three years clinical pediatric experience;
- A minimum of one year clinical End of Life Care experience; and
- End of Life Nursing Education Consortium (ELNEC) or equivalent training within the last five years.

Pain and Symptom Management Service Limits:

Up to 100 hours per year per child



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Provider Staff Roles and Requirements**

Expressive Therapies Service Overview

Expressive therapies are focused on the participant and contain a wide variety of specialized therapy modalities by Providers trained in child development. These therapies help support children to creatively and kinesthetically express their understanding and reaction to their illness. Expressive therapy functions as the interface between the mind and body utilizing creative activity to improve the capacity of the body and mind to heal. These therapists are certified and include a generalist therapy category, commonly known as a Child Life Specialist. Child Life Specialists use play and psychological preparation as primary tools to facilitate coping and adjustment at times and under circumstances that might prove overwhelming in dealing with life threatening illness.

Play and age-appropriate communications may be used to:

- Promote optimal development;
- Present information;
- Plan and rehearse useful coping strategies for medical events;
- Work through feelings about past or impending experiences; and
- Establish therapeutic relationships with children and parents to support family involvement in each child's care.

Expressive Therapies Provider Types:

- Child Life Therapist
- Music Therapist
- Art Therapist
- Massage Therapist



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Expressive Therapies Experience and Education Standard Requirements:

- Experience working with children who have chronic, complex medical conditions; and
- Child Life Specialist—Certification through Child Life Council; or
- Art Therapist—Master’s degree in art therapy or in art education or psychology with major course work in art therapy, including an approved clinical internship in art therapy, and registered or eligible for registration with the American Art Therapy Association; or
- Music Therapist—Bachelor’s degree in music therapy and be registered or eligible for registration with the National Association for Music Therapy; or
- Massage Therapist—Certified by the California Massage Therapy Council (CAMTC), as well as registration in city/county where conducting business or State certification.

Expressive Therapies Service Limits:

Up to 60 units of service every ninety days per child



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Provider Staff Roles and Requirements**

In-Home Respite Care Service Overview

Respite care is provided on an intermittent or short term basis. Respite care includes: care and supervision to protect the participant's safety; relief for family members from the constantly demanding responsibility of caring for a child with a serious, complex medical condition; and care which meets the participant's medical needs and Activities of Daily Living (ADL). Home respite care is provided in the participant's residence and may require different Provider skill levels to meet the individual needs of the participant. The respite benefit may be intermittent or regularly scheduled. Care Providers may include individual registered nurses or HHA/HA employed registered nurses, licensed vocational nurses (LVN) or certified home health aides (CHHA).

The need for and frequency of respite care is identified by the participant and/or parent/legal guardian and Care Coordinator. This is documented in the Family-Centered Action Plan (F-CAP) and transmitted to the CCSNL for authorization.

Respite care is provided by one service Provider or by a service Provider who is supervised by another Provider. For example, respite care could be provided by an LVN who is supervised by an RN, or in other cases the care could be provided by an RN acting alone. This may depend on the complexity of the care or other factors.

In-Home Respite Care Provider Types for Agency Employees/Contractors:

- Registered Nurse (RN)
- Licensed Vocational Nurse (LVN)
- Certified Home Health Aide (CHHA)

In-Home Respite Care Provider Types for Independent Providers:

- Registered Nurse (RN)
- Licensed Vocational Nurse (LVN)
- Certified Home Health Aide (CHHA)



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In-Home Respite Care Service Limits:

Up to 720 hours (combined in-home and out of home respite care) per year, as described in the F-CAP

In-Home Respite Care Service Limits Experience and Education Requirements:

- Knowledge of the principles and practices of pediatric in-home respite care, with at least a working knowledge of palliative care;
- Ability to work as part of an interdisciplinary health care team and to function as a confident and empathetic caregiver, ideally with a background in pediatric home care;
- Exhibit excellent judgment, critical thinking, and reasoning skills, as well as the adaptability necessary to fulfill the needs of and maintain the boundaries required by each family; and
- Bilingual in a threshold language desired.



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Provider Staff Roles and Requirements**

Family (Including Bereavement) Counseling Service Overview

Family Counseling is provided by a Licensed Clinical Social Worker (LCSW), ACSW*, Licensed Marriage and Family Therapist (LMFT), or Licensed Psychologist. These Providers should have experience working with children with life limiting illnesses and their families, according to palliative care standards described in the Children's Hospice International Program for All-inclusive Care for Children and Their Families (CHI-PACC) model.

*Note: An Associate Clinical Social Worker (ACSW) may provide Family Counseling as long he/she meets the criteria referenced in California law. The ACSW must:

- Be registered and approved as an ACSW by the Board of Behavioral Sciences. [B & P Code §§4996. 18, 4996.23].
- Be supervised by an LCSW, or a licensed mental health professional acceptable to the Board of Behavioral Sciences, in accordance with California law and regulations. [B & P Code §4996.23; Cal. Code of Regs., title 16, §§1870, 1874.]
- Provide the service in a setting that lawfully and regularly provides clinical social work, mental health counseling, or psychotherapy. [B & P Code §§4996. 18, 4996.23]
- Inform each client or patient prior to performing any professional services that he or she is unlicensed and is under the supervision of a licensed professional. [B & P Code §§4996. 18, 4996.23]

Family counseling includes grief counseling services, must be initiated prior to the death of the participant, and continues as needed by the family after the death of the participant. These counseling services for the Family Unit, as described in the PFC participant's most recent F-CAP, also are available for up to one year from the date of death of the participant. Services may take place in the home of the participant/Family Unit or in individual Provider settings. The request for these services is transmitted to the CCSNL for authorization.



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Family (Including Bereavement) Counseling Provider Types:

- Licensed Clinical Social Worker (LCSW)
- Licensed Psychologist
- Licensed Marriage and Family Therapist (LFMT)
- An Associate Clinical Social Worker (ACSW) may provide Family Counseling as long he/she meets the criteria referenced in California law. The ACSW must:
 - Be registered and approved as an ACSW by the Board of Behavioral Sciences. [B & P Code §§4996. 18, 4996.23].
 - Be supervised by an LCSW, or a licensed mental health professional acceptable to the Board of Behavioral Sciences, in accordance with California law and regulations. [B & P Code §4996.23; Cal. Code of Regs., title 16, §§1870, 1874.]
 - Inform each client or patient prior to performing any professional services that he or she is unlicensed and is under the supervision of a licensed professional. [B & P Code §§4996. 18, 4996.23]

Pediatric Experience and Education Standard Requirements for Family (Including Bereavement) Counseling:

- Experience working with children with life-threatening illness, and their families, according to palliative care standards described in the Children's Hospice International Program for All-inclusive Care for Children and Their Families (CHI-PACC) model.

Family (Including Bereavement) Counseling Service Limits:

22 units to be initiated before the death of the child

Procedure Code	Description	Rate	Limits
G9001	Coordinated care fee, initial rate. To be used for at least 22 hours of initial assessment services	\$1,000	One time payment
T2022	Monthly case management. 1 Unit = 4-12 hours per month of required care coordination services, per child	\$229.17 per month	12 units per year
T2025	Admin Fee (started 7/1/2013)	\$300	Must have T2022 billed for the same month T2025 is billed or it is denied
G9012	Other specified case management. Use supplemental hourly care coordination rate after monthly 8 hr has been exhausted	\$45.43 per hour	60 hours every 90 days
G0176	Activity therapy, 45 minutes or more per session Includes art, music, child life, and massage therapy	\$35.00	Limit: Three units per day; up to 60 hours every 90 days
S5110	Home care training, family; per 15 minute unit.	\$11.36 per unit (RN employed by HHA/HA)	Limit: 12 units per day 100 hours per year, per child (400 Units/yr)
S9123	Pain management Nursing care, the home; by registered nurse, per hour	\$40.57	100 hours per year. RN provides this
90837 was X9508 in older claims	Family Counseling (Bereavement), one hour	\$50.87 per unit (total billable amount \$1,119.14)	22 units to be billed at one time. Service is limited to a one-time only payment.

Code	Description	Rate	Modifier	Limits
T1005	Respite care services, in 15 minute increments. Intermittent or regularly scheduled temporary care and supervision.	\$10.14 (RN employed by HA/HHA)	TD	Maximum of 96 units (at 15 minutes) per day, 30 days per year in combination with out-of- home respite (code H0045).
		\$7.35 (LVN employed by HA/HHA)	TE	
		\$4.72 (Certified Home Health Aide employed by HA/HHA)	None	
		\$7.98 (Individual RN)	TD	
		\$6.10 (Individual LVN)	TE	