

SYNOPSIS

ChiPACC, Children's Program of All-inclusive, Coordinated Care

HR 722

Introduced by Rep. James P. Moran-VA and Rep. C.W. "Bill" Young-FLA

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Contact Marcia.Knutson@mail.house.gov for more information or to sign on as a cosponsor.

Overview:

The ChiPACC Bill is based on the collaborative model of care developed by Children's Hospice International (CHI), the Children's Program of All-inclusive, Coordinated Care (ChiPACC) which provides each enrolled child an individualized treatment plan that includes and manages services from providers across the health care spectrum.

ChiPACC services will improve upon the often inconsistent care that is currently available to seriously ill children under Medicaid, doing so at a savings to taxpayers.

The ChiPACC program is currently available to states through a complicated Medicaid waiver process. This legislation makes it a Medicaid state option. Florida and Colorado have programs in operation, California was recently granted a waiver, and New York is in the final stages of the waiver process. Other states are in the pipeline (Illinois, Kentucky, New Jersey, and North Dakota.)

This is not a children's hospice bill. To be eligible for hospice, the patient is predicted to have six months to live and forgoes any curative care or treatment. For families of children with serious illnesses, this is not an option. The ChiPACC program is for Medicaid eligible children with serious, life threatening diseases. Children are more likely than adults to go in and out of terminal phases.

Bill Specifics:

A state agency would be established to operate the program (could be contracted out.)

There is no limit on amount, duration or scope of care for eligible services. A system of coordinated care would be set up for each child. Integrated services include acute and long term care, palliative care, respite and curative treatment, expressive therapy, and counseling and support to family caregivers. Counseling can include anticipatory bereavement services.

The program requires an interdisciplinary health team: one physician, one registered nurse, and one social worker, pastoral counselor or other counselor. The team is directly and continuously involved in managing and coordinating care. (There is flexibility on the team requirement for rural areas.) Providers must be certified under the program. They should maintain a record of services and relationship of services to the coordinated plan and delivery of the plan.

Eligible children are, of course, Medicaid eligible and must reside in the service area. States may specify an upper age limit. The enrollee suffers from a life threatening illness and his or her health is expected to decline before reaching full adulthood.

A state may place a numerical limit on the number of enrollees in that state.

To determine eligibility, the state agency shall conduct an evaluation and assessment; consult with the family or guardian as well as appropriate health and support professionals; and examine relevant medical history and records.

The enrollee is to be reevaluated annually, but this can be waived (by the state agency) if there is no significant change in illness or condition.

The enrollee or guardian can voluntarily disenroll at any time and for any reason.

The state cannot disenroll a child unless there is disruptive or threatening behavior by the enrollee or family member; or a change in medical condition or residence or financial condition (so that individual is no longer ChiPACC eligible.) Disenrollment by the state can be appealed.

There are quality assurance provisions in the legislation. Services provided must meet federal and state guidelines. Safeguards are to be established to protect the health and welfare of the enrollee. There is financial accountability. The program requires a written plan of quality assurance and procedures for implementation and written safeguards of the rights of enrollees, including a patient bill of rights.

Payment for services is capitated (equal sum per person) or fee for service based on the state plan. Payments may be pooled from public and private programs/sources, but the total payment cannot exceed what would have been paid under state plan. The state administering agency can waive deductibles, co pays and coinsurance.

The bill includes provision for terminating a state coordinator.

Regulations shall be issued and should incorporate the standards and requirements of the existing waiver programs (Colorado and Florida.)