

VENTILATOR ASSISTED CHILDREN'S HOME PROGRAM

A Commonwealth of Pennsylvania Sponsored Program



Main Office:
Children's Anesthesiology Associates
100 N. 20th Street
Suite 201
Philadelphia, PA 19103
(215) 977-8830
FAX (215) 977-8228
TOLL FREE 1-877-PA VACHP

Western Division:
Pediatric Critical Care Medicine
One Children's Place
3705 5th Avenue at DeSoto Street
Pittsburgh, PA 15213
(412) 692-6494 or 692-6495
FAX (412) 692-6076
TOLL FREE 1-877-KID VENT

Reimbursement Guidelines for Respite Care

PRIVATE HIRE

1. Parents are fully responsible for interviewing, training, credentialing and hiring the provider (i.e. a Registered Nurse (RN), a Licensed Practical Nurse (LPN) or a Home Health Aide (HHA)) of respite care services to be reimbursed under the VAC/HP. Each RN, LPN, or HHA who provides respite care services must have the following documentation on file at the Philadelphia VAC/HP office:
 - Provider Form
 - Current Pennsylvania RN/LPN License
 - Current CPR Card
 - Current Social Security Card or Pennsylvania Driver's License
 - Child Abuse Clearance Check
 - Criminal Background Clearance Check
2. The VAC/HP cannot reimburse family members or relatives for respite care services.
3. Scheduling of respite care providers, credentialing of providers, and any communications to providers regarding respite care is the sole responsibility of the parents.
4. Respite care providers cannot be paid for more than 16 hours in any given 24 hour period.
5. All respite care hours must be called into the VAC/HP office **BY THE PARENTS** before they are used. Hours which are not called in will not be approved for reimbursement. If VAC/HP reimbursement is denied for failure to (1) call in hours; (2) submit time sheets or progress notes; (3) have the provider work more than the maximum number of hours permitted by VAC/HP per quarter; or (4) pay the provider more than the hourly rate approved by VAC/HP, then parents are **solely** responsible for paying any excess amounts claimed to be due by the respite care provider. The VAC/HP is merely administering funds under a state-sponsored program. **The VAC/HP is to be considered a payor and not an employer of the respite care providers.** In fact, the VAC/HP is a payor of last resort and all available private insurance funds that are available for respite care must be used before the VAC/HP funds can be used.

6. Each RN, LPN, or HHA who provides respite care must complete a VAC/HP Time Sheet with accompanying VAC/HP Progress Notes. Both forms must be filled out thoroughly and must be signed by the parent and provider. Any form with incomplete information will be returned to the parent and cannot be processed for reimbursement. ALL FORMS SHOULD BE MAILED BY THE PARENT. WE CANNOT ACCEPT TIME SHEETS THAT ARE HAND DELIVERED TO THE OFFICE.

7. Parents should submit time sheets with progress notes two times per month:

- **One time for hours for the dates of the 1st to the 15th of the month and**
- **A second time for hours for the dates of the 16th to the end of the month.**

These forms must arrive to the VAC/HP Philadelphia office within (5) working days of the close of the billing period. If they arrive after this time, the time sheets will be held for payment until the next billing cycle.

8. After the timesheets and progress notes are received by the VAC/HP and approved for payment, the VAC/HP will issue a check directly to the respite care provider. Checks will be mailed to individual providers at the address listed on the Provider Form. If your respite care provider has an address change, please notify the VAC/HP immediately by completing a new Provider Form and forwarding it to the Philadelphia office.

9. At the end of the calendar year, the VAC/HP will issue a Misc-1099 Income Form to all providers who have been paid greater than \$600.00 for that year. If your respite care provider has questions regarding this matter they should be directed to consult their tax consultant.

10. We request that parents contact the VAC/HP if any questions arise about respite care. Parents should discourage the providers from calling the VAC/HP respite care about missing paperwork, billing questions, payments or other respite care related issues. If any provider has a respite care question or concern, they are welcome to submit their issues in writing to the VAC/HP offices and we will follow-up with providers after speaking with parents.

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AGENCY

1. The parent must call the VAC/HP to request respite care hours.
2. The nursing agency must be willing to accept the VAC/HP reimbursement rates.
3. The nursing agency will submit invoices, according to their billing cycle, with accompanying progress notes directly to the Philadelphia VAC/HP office.
4. Since the nursing agency maintains nurses' licenses and other pertinent information, the VAC/HP does not require that these nurses submit that documentation to the Program. If we require that information, we will contact the nursing agency directly.
5. The VAC/HP cannot reimburse family members or relatives for respite care.
6. Scheduling of respite care providers and any communications to providers regarding respite care is the sole responsibility of the parents.
7. All respite care hours must be called into the VAC/HP office **BY THE PARENTS** before they are used. Hours which are not called in will not be approved for reimbursement. If VAC/HP reimbursement is denied for failure to (1) call in hours; (2) submit time sheets or progress notes; (3) have the provider work more than the maximum numbers of hours permitted by VAC/HP per quarter; or (4) pay the provider more than the hourly rate approved by VAC/HP, then parents are **solely** responsible for paying any excess amounts claimed to be due by the respite care provider. **The VAC/HP is to be considered a payor and not employer of the respite care providers.** In fact, the VAC/HP is a payor of last resort and all available private insurance funds that are available for respite care must be used before the VAC/HP funds can be used.

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PROVIDER FORM

Patient: _____

Provider's Name: _____

Address: _____

Telephone #: _____

Social Security #: _____

Provider's Title (check one): RN LPN HHA

License #: _____

Provider's Signature: _____

First Date of Work: _____

Parent Signature: _____

* Since a Home Health Aide (HHA) does not necessarily have a license, a copy of his/her social security card must be attached along with a copy of a driver's license, birth certificate or voter's registration card.

Please attach the following:

- Current Pennsylvania Nurse's License
 Current CPR Card
 Current Social Security Card or Pennsylvania Driver's License
 Child Abuse Clearance Check
 Criminal Background Clearance Check

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PROVIDER FORM

SAMPLE

Patient: _____ Johnny Little _____

Provider's Name: _____ Penny Moore _____

Address: _____ 123 Main Street _____

_____ Any town, PA 12345 _____

Telephone #: _____ (215) 234-5678 _____

Social Security #: _____ 123-38-0840 _____

Provider's Title: RN LPN HHA

License #: _____ RN 123456 L _____

License Expiration Date: _____ 4/30/02 _____

Provider's Signature: _____ Penny Moore _____

First Date of Work: _____ 7/1/01 _____

Parent Signature: _____ Mary Little _____

* Since a Home Health Aide (HHA) does not necessarily have a license, a copy of his/her social security card must be attached along with a copy of a driver's license, birth certificate or voter's registration card.

Please attach the following:

- Current Pennsylvania Nurse' License
- Current CPR Card
- Current Social Security Card or Pennsylvania Driver's License
- Child Abuse Clearance Check
- Criminal Background Clearance Check