Children's Hospice International
14th Annual ChiPACC Conference

With technical assistance from
Centers for Medicare & Medicaid Services

Hosted by
Arnold & Porter Kaye Scholer, LLP

October 31, 2017
WELCOME!

Mahnu Davar, Partner,
Arnold & Porter, Kaye Schuler, LLP

Melissa Harris, Senior Policy Advisor,
Centers for Medicare and Medicaid Services

Ann Armstrong-Dailey, Founding Director
Children’s Hospice International
Children’s Program for All-inclusive Coordinated Care (ChiPACC)
Ann Armstrong-Dailey
Founding Director
Children’s Hospice International
“CHI’s ultimate goal is to so ingrain the hospice/palliative care concept into pediatrics that it is considered an integral part of health care for children and adolescents rather than a separate specialty…”

1983, American Academy of Pediatrics
Ann Armstrong-Dailey
I love you, MOM.
CHI paving the way since 1983:

- Definition/Standards/Glossary of Terms
- Education and Training
- World Congresses
- International Resource
- Technical Assistance
- Advocacy
- Special Programs including ChiPACC
POPULATION USA: 296 Million

Adult Deaths
• 2.5 Million
• 36% died under hospice care

Child Deaths
• 53,526 children 0 -19 years
• 2.2% died under hospice care

Children Diagnosed with Life-threatening Condition
• 1.2 Million
Causes of Death
Children 1 – 19 Years

All Children 1 - 19

• Accidents
• Assault
• Malignancy
• Suicide
• Congenital malformations, deformations
• Chromosomal anomalies
• Heart disease
• Cerebrovascular diseases

All Children 1 – 19 w CCC

• Malignancy 48%
• Neuromuscular 23%
• Cardiovascular 17%
## Causes of Death
### Infants

<table>
<thead>
<tr>
<th>Category</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>All Infants</td>
<td></td>
</tr>
<tr>
<td>Congenital Malformations</td>
<td>19.5%</td>
</tr>
<tr>
<td>Short gestation/LBW</td>
<td>16.5%</td>
</tr>
<tr>
<td>Sudden Infant Death Syndrome</td>
<td>7.4%</td>
</tr>
<tr>
<td>Maternal complications</td>
<td>6.3%</td>
</tr>
<tr>
<td>Complication of placenta, cord or membranes</td>
<td>4%</td>
</tr>
<tr>
<td>Accidents/unintentional</td>
<td>4%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Category</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Infants with CCC</td>
<td></td>
</tr>
<tr>
<td>Cardiovascular</td>
<td>32%</td>
</tr>
<tr>
<td>Congenital/genetic</td>
<td>26%</td>
</tr>
<tr>
<td>Respiratory</td>
<td>17%</td>
</tr>
<tr>
<td>Neuromuscular</td>
<td>14%</td>
</tr>
</tbody>
</table>
• Children with chronic illness and complex health care needs are living longer and require creative approaches to delivery of care coordination and PP/HC (HHS)

• 10.2 Million children (13.9% of US children ages 0-17) have special health care needs. This number is increasing slightly every year. (HHS)

• CHI and ChiPACC are addressing this urgent need!
As Governments debate changes & reforms to their nation's healthcare programs

ChiPACC considered:
Cost-effective solution,
Step in the right direction,
Improved care for less cost!
Current models of care do not adequately address needs of children with life-threatening conditions and their families.
A parent should never have to choose between hospice care and hope for a cure.

ChiPACC: Comprehensive compassionate coordinated care for children with life-threatening conditions and their families

From time of diagnosis

With hope for cure

Most appropriate setting based on Family Choice – rather than funding stream
ChiPACC increases quality of care AND saves money!

ChiPACC Funding Flow

Reimbursement dollars, and support, follow the child and family throughout the continuum of care:

- Hospital
- Hospice
- Palliative Care
- Home Care
- Other

Children’s Hospice International
ChiPACC

Successful “partnership”

Congress + CMS + CHI

A growing number of states beginning with

✓ Florida! 1st in the NATION 2005!
✓ Colorado! 1st 1915 (c) waiver 2006!
✓ California waiver approved 2010!
✓ New York waiver approved 2010!
✓ North Dakota waiver approved 2010!

Additional states exploring
A growing number of countries exploring
“I am approving this new Medicaid program in Florida because I believe we must do everything possible to lighten the heavy burden on families of children...

This is a step beyond traditional hospice rules, and the right thing to do for these most vulnerable children and their families”

The Honorable Mike Leavitt, Secretary
U.S. Dept. of Health & Human Services*
July, 2005
(*Minister of Health)
NEXT STEPS FOR ChiPACC:

- *Ongoing* Technical Assistance
- Evaluation
- Quality Assurance
- Research
- Legislation
**PROGRESS to date includes:**

- CMS expanded policy for ChiPACC
- ChiPACC Bill introduced
- Concurrent Care Health Reform Provision
- ChiPACC Bill (revised) re-introduced
I SUPPORT


[Image of children holding balloons]
ChiPACC Bill

Children’s Program of All-inclusive Coordinated Care

“Mattie & Melinda Bill”

Reintroduced January 27, 2009, U.S. Congress
Congressmen Jim Moran (D VA) & Bill Young (R FL)

-One sentence included in 2010 Healthcare Reform Bill-
Provision for concurrent care

Revised Bill reintroduced 2014
Revised Bill reintroduced 2017
Mattie & Melinda

Children’s Hospice International
ChiPACC “Mattie & Melinda” Bill

_Ultimately serving 1.2 million children and families in U.S.A. (many more worldwide)_

- **The ChiPACC Bill:** Based on the collaborative model of care developed by 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.

- **ChiPACC:** Goes *beyond* hospice and palliative care – while incorporating these critical components

- **ChiPACC:** Exceeds IOM 2002 Report recommendations for children’s palliative care

- **ChiPACC:** Cost effective!
ChiPACC benefits everyone!

In addition to saving taxpayers money, ChiPACC benefits:

- **Child & Family:** *Increased quality of care*
- **Healthcare Providers:** *Reimbursed for ChiPACC services*
- **Healthcare Programs & Institutions:** *Reimbursed for ChiPACC services*
- **Society:** *ChiPACC is preventive medicine*, decreasing dysfunction within the family and society, and allowing families to continue productive lives in their communities
On Being a Champion

A champion is a winner,
A hero…
Someone who never gives up
Even when the going gets rough,
A Champion is a member of
A winning team…
Someone who overcomes challenges
Even when it requires creative solutions.
A champion is an optimist,
A hopeful spirit…
Someone who plays the game,
Even when the game is called life…
Especially when the game is called life.
There can be a champion in each of us,
If we live as a winner,
If we live as a member of the team,
If we live with a hopeful spirit,
For life.

Mattie J.T. Stepanek, September 1999
I'll miss you guys!
Children’s Hospice International

For information:

Web: www.CHIlonline.org
Email: Info@CHIlonline.org
Federal Legislative Update on CHIPACC

Sara Linder
Arnold & Porter Kaye Scholer, LLP
Children’s Program of All-inclusive Coordinated Care (ChiPACC) Act

- Bill has been introduced in previous sessions of Congress
  - Sponsored by former Reps. Jim Moran (D-VA) and Renee Ellmers (R-NC)
- Re-introduction anticipated in fall of 2017
  - Led by Rep. Diana DeGette (D-CO)
- Bill allows a state the option to submit a State plan amendment under their Medicaid program to provide medical assistance (under Title XIX of 42 U.S.C.) to ChiPACC eligible individuals
- Currently states are operating programs through waivers approved by CMS.
General Overview

- **Eligibility:** an individual who is under the age of 21 at the time of enrollment, is eligible for medical assistance under State Plan, suffers from a serious illness or health condition where there is a reasonable likelihood their life will be threatened by such illness or condition and whose health status is expected to declined due to the illness or condition before reaching the age of 21.

- **Scope of benefits:** Comprehensive, integrated palliative and curative services; long-term care services; counseling services and expressive therapy; respite care; anticipatory bereavement services to immediate family members of the ChiPACC individual

- **State flexibility:** Gives states flexibility to establish and design its program to fit the needs of their state; States may establish numerical and geographical limitations for the individuals enrolled in ChiPACC.
General Overview

- Program is administered by a single State agency which may provide for operation of the program through arrangements between one or more entities which serve as ChiPACC coordinators.

- Provides comprehensive health care items and services to the extent appropriate for the ChiPACC eligible individuals consistent with a comprehensive plan developed by an interdisciplinary health professional team.

- Specifies that qualified healthcare providers must meet applicable certification, quality or managed care requirements to participate

- Continued Demonstration Project Authority

- Application Under CHIP
Legislative Landscape

- Affordable Care Act (ACA) Repeal Efforts
  - Proposed changes to the Medicaid program

- Children’s Health Insurance Program (CHIP) Reauthorization
  - Keep Kids’ Insurance Dependable and Secure “KIDS” Act of 2017 (S. 1827)

- Advancing Care for Exceptional “ACE” Kids Act of 2017 (H.R. 3325) / (S. 428)
APKS Legislative Efforts

- Educating members and congressional staff regarding ChiPACC program benefits
- Developing new congressional champions
- Revising draft bill language to address feedback from key stakeholders
- Working with lead sponsors of the ACE Kids Act to expand palliative services under re-introduced legislation in 115th Congress
- Planning advocacy day with ChiPACC families
CMS Participation
2017 CHI PACC
Technical Assistance Webinar

Melissa Harris, Senior Policy Advisor
Disabled and Elderly Health Programs Group
Medicaid Services

States must cover certain services under Medicaid, including:

- Inpatient and outpatient hospital services
- Laboratory and X-ray services
- Home health services
- Physicians services
- Nurse practitioner and nurse-midwife services
- Federally Qualified health clinic and Rural health clinic services
- Nursing facility services
Medicaid Services (cont.)

States have the option to cover many other services:

• Dental services
• Physical and Occupational therapy
• Prescription drugs
• Personal care services
• Hospice care
• Private duty nursing
• Targeted case management
• Mental health and substance use disorder treatment
EPSDT Provisions

- Early and Periodic Screening, Diagnostic and Treatment
- Key component of Medicaid
- Requires the provision of services found in section 1905(a) of the Social Security Act to Medicaid beneficiaries under age 21
- Medical necessity criteria determines eligibility and utilization
- Some variation across states still exists
Medicaid State Plan

• Describes a state’s Medicaid program
• Each state has a unique State Plan
• Many components
  – Eligibility categories
  – Benefit descriptions and provider qualifications
  – Payment structures
• Amendments to the Plan must be approved by CMS
Waiver Programs

States have the flexibility to operate the following waivers:

• 1915 (c) home and community-based services waivers
• 1915 (b) managed care waivers
• 1115 demonstrations
HCBS Waivers

- Institutional level of care required
  - Nursing facility
  - Hospital
  - Intermediate care facility for individuals with intellectual disabilities

- Allows states to provide services not normally covered under the state plan, such as respite care.

- Allows states to not count parents’ or spouse’s income and resources.

- Cost neutrality test – waiver costs must be no more than cost to serve waiver population in an institution
Managed Care Waivers

• Allows states to mandate populations into managed care
• Allows states to mandate the provision of additional services through managed care savings
• Has been used by at least one state to authorize services to children with life-threatening conditions
1115 Demonstrations

- Broadest authority for state innovations
- Authorizes Federal payment for additional services
- Waives provisions of the Social Security Act
- Budget neutrality requirement
- Could be used if states want flexibility beyond the parameters of state plan or waivers
Concurrent Care for Children Provision

- Children electing hospice care may continue to receive curative treatment services covered in the Medicaid State Plan.
- Many states amended their Plan to reference this requirement, but the provision applies to all states regardless.
1915(i) State Plan Authority

- Authorized in the 2005 Deficit Reduction Act
- Provides the same benefit package as available under 1915(c) waivers
- Does not require individuals to meet an institutional level of care
- States develop needs-based criteria to determine eligibility and utilization
Health Homes for Individuals with Chronic Conditions

- New state plan authority in the Affordable Care Act
- Provides enhanced Federal match (90%) for the first 8 quarters of program implementation
- Offers care coordination for individuals with chronic conditions (state flexibility in determining the targeting criteria)
- Could allow utilization of a broad range of pediatric specialties
CMS stands ready to work with States on state plan or waiver programs, which can be a critical tool in providing services – above hospice – that complete the CHI PACC model (i.e., respite and expressive therapies).

melissa.harris@cms.hhs.gov
Pediatric Palliative Care (PPC) Waiver

Update on Waiver Renewal Activities

October 31, 2017
The purpose of the Pediatric Palliative Care (PPC) Waiver is to provide pediatric palliative care services to allow children through the age of 20 who have a California Children’s Services (CCS) eligible medical condition with a complex set of needs and their families the benefits of hospice-like services, in addition to state plan services during the course of an illness, even if the child does not have a life expectancy of six months or less.

This waiver is authorized under Welfare and Institutions Code §14132.74. The waiver is based on the principle that if curative treatment is provided along with palliative care, there can be an effective continuum of care throughout the course of the medical condition. The objective is to minimize the use of institutions, especially hospitals, and improve the quality of life for the participant and Family Unit (siblings, parent/legal guardian, and others living in the residence).
PPC Waiver Renewal Timeline

- August 31, 2016, PPC Waiver Renewal Kick-Off Meeting
- April-May 2017, Technical Advisory Workshop Meetings (Sacramento and Los Angeles)
- May – July 2017, Prepared Waiver Renewal Application
- August 4, 2017 – September 6, 2017, 30-Day Comment Period
- September 29, 2017, Submitted Waiver to CMS
- January 1, 2018, Waiver Effective Date
Identified Waiver Strengths

- Program allows children to remain at home
- Comprehensive care coordination model
- Services
  - Expressive Therapy
  - Massage Therapy services
  - Music Therapy
  - Child Life Therapy
  - Art Therapy
  - Respite
  - Family Bereavement Counseling
- Transition planning resources when Waiver participants age-out or move to other counties.
- Collaborative relationship between the County California Children’s Services Nurse Liaison (CCSNL) and the PPC Waiver provider
Suggested Areas for Improvement

• Increased rates
• Flexibility in the training, experience, and/or educational level required for Expressive Therapy providers
• Reduce frequency of Family Centered Action Plans (F-CAPs)
• Increase units of Family and Bereavement Counseling
• Improve enrollment process
Proposal

• Removal of care coordination, family counseling, family training, and pain and symptom management as separate waiver services
  – Renewal application proposes to combine all four services into one bundled service to be paid on a per member per month basis. This bundled service is entitled enhanced care coordination

• Removal of Personal Care as a waiver service due to non-use
Proposal

• Shifting of waiver model to an Organized Health Care Delivery System (OHCDS)
  – DHCS will contract with Waiver Agencies for the purpose of performing waiver administration functions and directing the Enhanced Care Coordination service. Waiver Agencies will subcontract with a sufficient number of service providers to allow participant choice of providers for each service, when possible, and with other qualified providers desired by the participant
  – Agencies are responsible for coordinating the provision of all waiver services and verifying that the provided services are medically necessary and in accordance with the participant’s current family centered action plan (F-CAP)
# Administration and Operation
## Current Structure

<table>
<thead>
<tr>
<th></th>
<th>Participant Waiver Enrollment</th>
<th>Level of Care Evaluation</th>
<th>FCAP</th>
<th>Prior Auth Waiver Services</th>
<th>Utilization Mngmnt</th>
<th>Qualified Provider Enrollment</th>
<th>Quality Assurance</th>
<th>Care Coordination</th>
<th>Direct Waiver Services</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>DHCS</strong></td>
<td>X/ Review</td>
<td>X/ Review</td>
<td></td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>County</strong></td>
<td>X</td>
<td>X</td>
<td>X/ Approves</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td><strong>Waiver Agency / Provider</strong></td>
<td>X/ Develop and Implement</td>
<td></td>
<td></td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>X</td>
</tr>
</tbody>
</table>
## Proposed Structure

<table>
<thead>
<tr>
<th></th>
<th>Participant Waiver Enrollment</th>
<th>Level of Care Evaluation</th>
<th>FCAP</th>
<th>Prior Auth of Waiver Services</th>
<th>Utilization Mngmnt</th>
<th>Qualified Provider Enrollment</th>
<th>Quality Assurance</th>
<th>Care Coordination</th>
<th>Direct Waiver Services</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>DHCS</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>X/ Review</td>
<td>X/ Review</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>X</td>
</tr>
<tr>
<td><strong>County</strong></td>
<td></td>
<td>X/ Approves</td>
<td>X/ Approves</td>
<td>X/ Approves</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td>X</td>
</tr>
<tr>
<td><strong>Waiver Agency</strong></td>
<td>X</td>
<td>X</td>
<td>X/ Develop and Implement</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>X</td>
</tr>
<tr>
<td><strong>Waiver Provider</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Proposed Structure (continued)

• OHDDS model
• Establish Waiver Agency vs. Waiver provider
• Waiver Agency = Admin and Care Management
• Waiver Provider = Direct Waiver Services
• Distinct separation of Care Management from direct waiver services
• Shift of additional admin functions to the PPC Waiver agencies
• Counties focus on review and approval, authorizations, utilization management, and quality assurance
Next Steps

- Continue to work with CMS on proposed renewal application
- Schedule implementation strategy meetings with CCS Counties and PPC providers
- Establish contracts with PPC Waiver Agencies
- Develop payment method for enhanced care coordination service
Questions?

Karli Holkko
karli.holkko@dhcs.ca.gov
(916) 322-5253
Colorado Medicaid Waiver for Pediatric Palliative and Hospice Care

Brian Greffe, MD
Candace Bailey
10/31/17
Children’s Hospice
International PACC

Program for All Inclusive Care for Children and Their Families

Goals

– Comprehensive PPC for all children with life-threatening conditions and their families to include physical, nursing, emotional and spiritual support
– From time of diagnosis
– With hope for cure
– Through extensive bereavement if cure not obtained
Fall 1996 – CHI initiates partnership with Congress and CMS

CHI PACC through CMS waivers (1915(b), 1915(c), 1115)
- Allows child and family appropriate care from time of diagnosis with hope for cure

8 Demonstration Projects funded by Congressional appropriations
- FL, CO, KY, New England, NY, UT, VA, Department of Defense
State Medicaid Waiver

- The Butterfly Program along with Colorado Medicaid began working on waiver in 2001 to provide pediatric palliative care services to Medicaid eligible patients from time of diagnosis.
- Based on Children’s Hospice International Program for All-Inclusive Care for Children and Their Families.
- SB 206 signed by Governor Owens in June 2004 authorizing HCPF to craft waiver.
- 1st 1915c Home and Community Based Waiver for pediatric palliative and end of life care in U.S.
- California’s 1915c waiver approved 2009.
State Medicaid Waiver

- HCPF estimated 4000 Medicaid eligible children could benefit from waiver
- Introduction of pediatric palliative care earlier in the course of a life limiting illness estimated to save $20,000/child/year
  - Decrease unnecessary ED visits and hospitalizations
- 200 slots available in current waiver
  - Children with Life Limiting Illness (CLLI) Waiver
1915c Home and Community Based Waiver

- Medicaid eligible children with a life threatening diagnosis
- Services available from the time of diagnosis of the illness
  - Child must be at risk of hospitalization
  - Curative therapies may continue
- Services include nursing, counseling, spiritual support, respite, complementary therapies such as art and music therapy, anticipatory grief therapy
Current Waiver Services

- Expressive Therapy
  - Art and Play Therapy
  - Music Therapy
- Massage Therapy
- Palliative/Supportive Care
  - Care Coordination
  - Pain and Symptom Management
- Respite Care
- Therapeutic Services
  - Bereavement Counseling
  - Therapeutic Life Limiting Illness Support - Individual/Family/Group
Waiver Success

HCPF reports that the CLLI Waiver is saving Medicaid $245,000 per year per patient as of August 2017!
Concurrent Care

- Provision of Affordable Care Act
- Allows for individuals 20 year and under who are on Medicaid and enrolled in hospice (prognosis of 6 months or less) to receive curative therapies
- Colorado Medicaid has amended State Plan to account for this change and also has amended the hospice rules
Children’s Medical Services (CMS) Managed Care Plan and Specialty Programs

Partners in Care: Together for Kids
(PIC: TFK)
What is the CMS Plan PIC:TFK Program?

Partner’s in Care: Together for Kids (PIC:TFK)

- Florida’s Program for All Inclusive Care for Children (PACC)
- A pediatric palliative care support service
- Available to children enrolled in CMS Managed Care Plan
- A collaboration of partnerships statewide
Florida PACC Model

State Level

- Department of Health
- Children’s Medical Services (CMS) Plan
- Agency for Healthcare Administration (AHCA)
- Florida Hospice and Palliative Care Association

Local Level

- Children’s Medical Services Area Office
- Hospice Provider
History

Development Phase 2000-2003
- Implementation Guidelines
- Billing codes
- Partnerships

Legislative Phase 2004-2005
- Title XXI State Plan Amendment
- 1915(b)(3) CHI PACC Waiver

Implementation Phase 2005-2007
- 7 Sites

Expansion Phase 2009-2014
- Transition to 1115 Waiver
- CMS became a statewide plan for Medicaid (MMA)
Current Status

Present

• 1115 MMA Waiver extended through June 30, 2022
• 10 providers covering 32 counties
• Pending expansion to an additional 11 counties
Services

- Nursing Care
- Support Counseling
- Bereavement Support
- Expressive therapies
- Pain and Symptom Management
- Respite
- Personal Care
### Population Served

Children enrolled in the CMS Plan who have a life-threatening illness

<table>
<thead>
<tr>
<th>Year</th>
<th>Enrollments</th>
</tr>
</thead>
<tbody>
<tr>
<td>FY 2016-2017</td>
<td>615</td>
</tr>
<tr>
<td>FY 2015-2016</td>
<td>717</td>
</tr>
<tr>
<td>FY 2014-2015</td>
<td>723</td>
</tr>
<tr>
<td>FY 2013-2014</td>
<td>770</td>
</tr>
<tr>
<td>FY 2012-2013</td>
<td>694</td>
</tr>
</tbody>
</table>
Claims Data FY 2016-2017

Total Clients receiving PIC:TFK services: 615

Total amount of claims paid: $469,590

Average cost per recipient: $876
Contacts

CMS Registered Nurse Consultant
Cynthia L. Smith, RN, BSN
Registered Nursing Consultant
Specialty Programs Unit
Children’s Medical Services Managed Care Plan
Florida Department of Health
4052 Bald Cypress Way, Bin #A06
Tallahassee, Florida 32399-1701
Phone (850)245-4326 Fax: (850)921-8138
Cynthia.Smith@flhealth.gov

AHCA Program Consultant
Shameria Davis, MPH
Government Operations Consultant III
Bureau of Medicaid Policy
Agency for Healthcare Administration (AHCA)
2727 Mahan Drive – Bldg 3, Mail Stop #20
Tallahassee, FL 32308
Phone number: (850) 412-4235
Fax: (850) 922-7303
E-mail: Shameria.Davis@ahca.myflorida.com

Florida Hospices and Palliative Care (FHCPC)
Paul Ledford, Executive Director
Florida Hospice & Palliative Care Association
2000 Apalachee Parkway
Suite 200
Tallahassee, FL 32301
Phone: (850) 878-2632 (office)
Direct Line: (850) 922-7907
Fax: (850) 878-5688
Paul@floridahospices.org
Children’s Hospice International
Helpful Resources
www.chionline.org/helpful-resources/

- Publications
- Videos
  - CHI video, 2015
  - Fantasy Flight 2015 photos
  - Fantasy Flight 2015 A Magical Journey
  - Arch Children’s video 2015
  - The Purple Balloon - the perfect tool for opening discussions between adults & children
- World Congress
  - CHI’s World Congresses
  - Kirby’s Scholars
- News and Events
  - Kate Middleton speaks about hospice
  - Fantasy Flight
  - ChiPACC 2014 Webinar
  - CHI’s 13th Annual ChiPACC Technical Conference
  - CHI’s 25th Anniversary
- Families and Stories
  - Invitation to Share and Contact/Submission Info
  - CHI’s Right of Publicity Release
  - Mattie and Jeni’s Story
  - Timmy’s Story
  - Melinda’s Story
  - Kirby Hospice Journeys
  - Kirby and Tutu Scholars
DISCUSSION
Terry Pratt Facilitator
For additional Information please contact:

CMS: melissa.harris@cms.hhs.gov

CHI: armstrongdailey@CHIonline.org
     Pratt@CHIonline.org

APKS: mahnu.davar@apks.com
      Sara.linder@apks.com

HS: dpore@hslawmail.com