

**Guidance for Care Coordinators.
High Value Care for Kids \$500 WePay Prepaid MasterCard**

Purposes:

1. To promote child health / wellness in response to family-identified needs or goals
2. To promote relationships and engagement of families with their child's pediatric practice (care coordinator, doctor and staff)
3. To recognize parents as experts in their child's care
4. To learn what parents may choose to purchase if not restricted
5. To consider health care costs as part of shared decision making with patients and parents

Criteria. What are acceptable purchases?

- Options for families are wide open. This is a chance for them (and us) to think inside and outside of the "medical" box.
- Funds can be used for things that are important for that child.
- This is a rare (and one-time) opportunity that expires at the end of 2014
- Must meet a goal or need identified by the parent/guardian.
- Parents/guardians must include purpose that the purchase will serve (rationale for how purchases will positively impact their child) on the Participation Form.
- Funds can be used for one or two large purchases or a number of small purchases over time.
- Can be items, activities, and/or services

Dates to Remember:

Sep. 1, 2014 – Patient/family must contact care coordinator to express interest in program

Sep. 30, 2014 – Participation Form must be submitted to UPMC for You

Dec. 31, 2014 – Funds must be spent

Restrictions:

- Must not pose any adverse health or safety risk to the child.
- Requests will be reviewed by Barb Stone at UPMC *for You* to see if any items are covered benefits. If covered benefits can be used, the family and care coordinators will be notified so that the parent has an opportunity to identify an alternative purchase if desired. (Requests for covered items will go through traditional processes.)

Requirements. Parents must:

- Contact the care coordinator by September 1, 2014 to express interest in the program.
- Have a conversation (phone or in person) with their care coordinator prior to submitting the Participation Form to discuss plans to use the \$500 funds. (Note: This is a different communication than letting parents know to expect the invitation letter from UPMC and can occur over more than one interaction if needed).
- Complete and submit the Participation Form to UPMC *for You* by September 30, 2014. (Care coordinator can also submit on the family's behalf)
- Submit one Participation Form identifying all of the purchases they intend to make, totaling up to the full \$500 amount. Some of these may be purchases they plan to make later in the year. The funds do not have to be spent all at once. This is a one-time only opportunity. (Note: on the Participation Form, parents will also be asked to indicate what they would want should they have *unlimited* funds - see purpose #4 above)
- Submit their Participation form no later than September 30, 2014.
- Spend down the money on the WePay Prepaid MasterCard by December 31, 2014.
- Keep track of amounts remaining on the card as it is being used.
- Keep and submit receipts along with a Purchase History Form(s) and answer a few questions on the form about what was purchased, how it was helpful/not helpful and why.

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**Examples: These may help prompt purchase ideas for individual children and families.
(Teens should be encouraged to be involved in this process wherever possible, especially in plans related to transition)**

Purpose :	Examples
Increase child comfort	<ul style="list-style-type: none"> • New mattress, alternative seating for child with mobility restrictions • “cool” winter mouth mask for child with asthma • Squeeze ball, music/headphones for anxiety • Massage / physical therapy • Photochromic lenses (transition lenses) for children with light sensitivity • Companion for child who is too anxious to be left alone while mother is cooking, doing laundry (person or animal)
Increase child quality of life at home, school, with friends, in community places	<ul style="list-style-type: none"> • Portable ramp to increase access to places • Ipad for communication device • Hiring a friendship circle facilitator • Helping a child pursue a passion (horseback riding, collecting, painting, etc) • Having a memorable experience with family , (trip that could not otherwise be taken – pay for companion care during family vacation, etc) • Adaptive equipment that can stay at school • Tomato booster seat for going to restaurants • Gym or club membership fees • Tailored, age appropriate clothing
Decrease the family’s out-of-pocket costs related to the care of the child	<ul style="list-style-type: none"> • diaper wipes, pads, disposable items • fiber • extra electricity costs for running ventilators, etc • laundry services or purchase of washing machine • transportation costs to another hospital or clinic for a second opinion
Prevent complications related to the child’s condition	<ul style="list-style-type: none"> • Low pressure mattress or Alternative seating to avoid pressure sores • Activities to maintain condition (PT stops when no progress can be demonstrated) • Air conditioning/air filter for child with asthma
Address future need Help with transition to adult care, adult life Promote growing independence and self-management	<ul style="list-style-type: none"> • Pay for class for teen on financial management; • Support participation in CHANGE group • Pay for parent education re setting up trust • Pay for education on medical self-management • Take class in area of interest; apprenticeship • Pay for Person centered planning activity
Assistance in accessing health care	<ul style="list-style-type: none"> • Taxi fares to see PCP or specialist • Van rental for child and equipment to access care • Training for teen in how to use bus service
Supports for care giver	<ul style="list-style-type: none"> • Respite • Participation in parent groups • Attending parent leadership trainings / conferences • Care for child while parent goes to own medical appts; has “date” with spouse