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Palliative Care APL 18-020

This is an advisory notification to Molina Healthcare of California (MHC) network providers. The California Department of Health Care Services (DHCS) has issued an All Plan Letter, (APL) 18-020 – Palliative Care, on December 7th, 2018 to inform Medi-Cal managed care health plans (MCPs) of their obligation to provide palliative care to their members of all ages pursuant to Senate Bill (SB) 1004 (Hernandez, Chapter 574, Statutes of 2014) and under their contract relative to the provision of Early Periodic Screening, Diagnostic and Treatment (EPSDT) services. The requirements in the APL specifically apply to Medi-Cal managed care members who are not dually eligible for Medicare and Medi-Cal.

Key elements of the APL are included below in this notification. **Please review the full APL at:**

<https://www.dhcs.ca.gov/formsandpubs/Pages/AllPlanLetters.aspx>

What is changing?

DHCS has added guidance and specific criteria for **Pediatric Palliative Care** patients.

Background

SB 1004 requires the Department of Health Care Services (DHCS) to establish standards and provide technical assistance to MCPs for the delivery of palliative care. Palliative care consists of patient- and family-centered care that optimizes quality of life by anticipating, preventing, and treating suffering. The provision of palliative care does not result in the elimination or reduction of any covered benefits or services under the MCP contracts and does not affect a member's eligibility to receive any services, including home health services, for which the member would have been eligible in the absence of receiving palliative care.

Hospice care is a Medi-Cal benefit that serves terminally ill members. It consists of interventions that focus primarily on pain and symptom management rather than a cure or the prolongation of life. To qualify for hospice care, a Medi-Cal member must have a life expectancy of six months or less.

Unlike hospice, palliative care does not require the member to have a life expectancy of six months or less, and palliative care may be provided concurrently with curative care. A member with a serious illness who is receiving palliative care may choose to transition to hospice care if the

member meets the hospice eligibility criteria. A member 21 years of age or older may not be concurrently enrolled in hospice care and palliative care.

A member under 21 years of age may be eligible for palliative care and hospice services concurrently with curative care under the Patient Protection and Affordable Care Act (ACA) Section 2302, as detailed in CMS Letter #10-018.

Information regarding the concurrent care policy is available in Policy Letter (PL) 11-004, titled "The Implementation of Section 2302 of the Affordable Care Act, titled 'Concurrent Care for Children'"; APL 13-014; and the appropriate California Children's Services (CCS) Numbered Letter (NL), including any future iterations of these letters. Additionally, members who are eligible for EPSDT may receive other services. Accordingly, MCPs must provide EPSDT-eligible members with any other necessary health care, diagnostic services, treatment, and other measures described in Section 1905(a) of the Social Security Act (SSA) to correct or ameliorate defects, physical and mental illnesses, and conditions discovered by the screening services, whether or not such services are covered under the California State Plan. Services must also be provided when medically necessary to prevent disease, disability, and other health conditions or their progression, to prolong life, and promote physical, and mental health and efficiency. Information regarding the policy for EPSDT services is available in APL 18-007, titled "Requirements of Coverage of Early and Periodic Screening, Diagnostic, and Treatment Services for Medi-Cal Members Who Transition into Medi-Cal Managed Care," including any future iterations of this APL.

Requirements

In addition to existing Eligibility and Disease-specific Criteria, the new APL has added eligibility criteria with regards to pediatric palliative care. Please refer to the APL for full detail regarding the criteria.

Pediatric Palliative Care Eligibility Criteria:

Must meet (a) and (b) listed below. Members under 21 years of age may be eligible for palliative care and hospice services concurrently with curative care.

- a. The family and/or legal guardian agree to the provision of pediatric palliative care services; and
- b. There is documentation of a life-threatening diagnosis. This can include but is not limited to:
 1. Conditions for which curative treatment is possible, but may fail (e.g., advanced or progressive cancer or complex and severe congenital or acquired heart disease); or
 2. Conditions requiring intensive long-term treatment aimed at maintaining quality of life (e.g., human immunodeficiency virus infection, cystic fibrosis, or muscular dystrophy); or
 3. Progressive conditions for which treatment is exclusively palliative after diagnosis (e.g., progressive metabolic disorders or severe forms of osteogenesis imperfecta); or
 4. Conditions involving severe, non-progressive disability, or causing extreme vulnerability to health complications (e.g., extreme prematurity, severe neurologic sequelae of infectious disease or trauma, severe cerebral palsy with recurrent infection or difficult-to-control symptoms).

If the member continues to meet the minimum eligibility criteria or pediatric palliative care eligibility criteria, the member may continue to access both palliative care and curative

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care until the condition improves, stabilizes, or results in death. MCPs must have a process to identify members who are eligible for palliative care, including a provider referral process. MCPs must periodically assess the member for changes in the member's condition or palliative care needs. MCPs may discontinue palliative care that is no longer medically necessary or no longer reasonable.

For children who have an approved CCS-eligible condition, CCS remains responsible (in non-Whole Child Model counties) for medical treatment for the CCS-eligible condition, and the MCP is responsible for the provision of palliative care services related to the CCS-eligible condition.

Palliative Care Services:

Per the APL, Effective January 1, 2018, when a member meets the minimum eligibility criteria for palliative care, MCPs must authorize palliative care without regard to age. Palliative care must include, at a minimum, the following seven services when medically necessary and reasonable for the palliation or management of a qualified serious illness and related conditions:

- A. **Advance Care Planning:** Advance care planning for members enrolled in Medi-Cal palliative care under SB 1004 includes documented discussions between a physician or other qualified healthcare professional and a patient, family member, or legally-recognized decision-maker. Counseling that takes place during these discussions addresses, but is not limited to, advance directives, such as Physician Orders for Life-Sustaining Treatment (POLST) forms. Please refer to the section on advance care planning in the Provider Manual for further details.
- B. **Palliative Care Assessment and Consultation:** Palliative care assessment and consultation services may be provided at the same time as advance care planning or in subsequent patient conversations. The palliative care consultation aims to collect both routine medical data and additional personal information not regularly included in a medical history or Health Risk Assessment. During an initial and/or subsequent palliative care consultation or assessment, topics may include, but are not limited to:
 - Treatment plans, including palliative care and curative care
 - Pain and medicine side effects
 - Emotional and social challenges
 - Spiritual concerns
 - Patient goals
 - Advance directives, including POLST forms
 - Legally-recognized decision maker
- C. **Plan of Care:** A plan of care should be developed with the engagement of the member and/or the member's representative(s) in its design. If a member already has a plan of care, that plan should be updated to reflect any changes resulting from the palliative care consultation or advance care planning discussion. A member's plan of care must include all authorized palliative care, including but not limited to pain and symptom management and curative care. The plan of care must not include services already received through another Medi-Cal funded benefit program (e.g. CCS Program).

- D. Palliative Care Team: The palliative care team is a group of individuals who work together to meet the physical, medical, psychosocial, emotional, and spiritual needs of a member and of the member's family and are able to assist in identifying the member's sources of pain and discomfort. This may include problems with breathing, fatigue, depression, anxiety, insomnia, bowel or bladder, dyspnea, nausea, etc. The palliative care team will also address other issues such as medication services and allied health. The team members must provide all authorized palliative care. DHCS recommends that the palliative care team include, but is not limited to the following team members: a doctor of medicine or osteopathy (Primary Care Provider if MD or DO); a registered nurse; a licensed vocational nurse or nurse practitioner (NP) (Primary Care Provider if NP); and a social worker. DHCS also recommends that MCPs provide access to chaplain services as part of the palliative care team. Chaplain services provided as palliative care are not reimbursable through the Medi-Cal program.
- E. Care Coordination: A member of the palliative care team must provide coordination of care, ensure continuous assessment of the member's needs, and implement the plan of care.
- F. Pain and Symptom Management: The member's plan of care must include all services authorized for pain and symptom management. Adequate pain and symptom management is an essential component of palliative care. Prescription drugs, physical therapy and other medically necessary services may be needed to address a member's pain and other symptoms. Mental Health and Medical Social Services: Counseling and social services must be available to the member to assist in minimizing the stress and psychological problems that arise from a serious illness, related conditions, and the dying process. Counseling services facilitated by the palliative care team may include, but are not limited to: psychotherapy, bereavement counseling, medical social services, and discharge planning as appropriate. Provision of medical social services must not duplicate specialty mental health services provided by county Mental Health Plans (MHPs). Furthermore, provision of medical and social services does not change the MCP's responsibility for referring to, and coordinating with, county MHPs, as delineated in APL 17-018 "Medi-Cal Managed Care Health Plan Responsibilities for Outpatient Mental Health Services," including any subsequent revisions.

MCPs must have a process to determine the type of palliative care that is medically necessary or reasonable for eligible members. MCPs must have an adequate network of palliative care providers to meet the needs of their members.

Furthermore, MCPs may authorize additional palliative care not described above, at the MCP's discretion and cost. Examples of additional services offered by many community-based palliative care programs include a telephonic palliative care support line that is separate from a routine advice line and is available 24 hours a day/7 days a week, and expressive therapies, such as creative art, music, massage and play therapy, for the pediatric population.

QUESTIONS

If you have any questions regarding the notification, please contact your Molina Provider Services Representative at (855) 322-4075. Please refer to the extensions on page one.