
SB 1004 Medi-Cal Palliative Care

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October 5, 2015**



Purpose and Overview of Webinar

- SB 1004 Signed in 2014
- DHCS has been consulting with palliative care experts, stakeholders and health plans.
- Previous webinars and events to develop a shared understanding of palliative care and to review data findings and potential performance measures



Palliative Care Approach

- Meets the needs of any age and any stage (physical, spiritual, mental)
 - Patient Autonomy
 - Policy that meets the Triple Aim:
 - Better health
 - Better care
 - Lower costs
 - Significant evidence base
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SB 1004 (Hernandez, Ch. 574, Statutes of 2014)

DHCS has the following goals:

- “Establish standards and provide technical assistance for Medi-Cal managed care plans to ensure delivery of palliative care services.” (WIC 14132.75 (b))
- “Establish guidance on the medical conditions and prognoses that render a [Medi-Cal] beneficiary eligible for the palliative care services.” (WIC 14132.75 (d))
- Develop a Medi-Cal palliative care policy that, to the extent practicable, is “cost-neutral to the General Fund on an ongoing basis.” (WIC 14132.75 (f))
- Define Medi-Cal palliative care services, to include but are not limited to “those types of services that are available through the Medi-Cal hospice benefit.” (WIC 14132.75 (c)).
- Provide access to both hospice-type services and curative care at the same time, to the extent the services are not duplicative, for beneficiaries eligible for Medi-Cal palliative care. (WIC 14132.75 (c)(1))



Medi-Cal Palliative Care Scope

- DHCS proposes a Medi-Cal palliative care policy that is guided by the CMS definition of palliative care and the substantial body of research on palliative care programs, but with more specific definitions of eligible conditions, services, and providers. The purpose of defining Medi-Cal palliative care more narrowly, for a specific set of conditions, is to meet the requirements of SB 1004 and the department's quality strategy, and to recognize that long-term success in implementing palliative care in Medi-Cal is more likely through an incremental approach.



Proposed Eligible Condition

- Late-Stage/High Grade Cancer with significant functional decline or limitations
- DHCS seeks feedback on whether the state should provide more specific standardized clinical criteria on this condition for Medi-Cal palliative care eligibility purposes, or allow Managed Care Organizations (MCO) to use one of several existing screening protocols.



Additional Conditions

- Existing palliative care programs generally include additional conditions, such as advanced Congestive Heart Failure or end-stage pulmonary disease. MCOs that currently (or in future programs) authorize palliative care consults and services for patients with other medical conditions may continue to do so.



Screening Protocol Examples

- Sharp HealthCare Transitions Program
- Sutter Advanced Illness Management Program
- Kaiser Permanente Palliative Care programs
- Partnership Health Plan Offering and Honoring Choices



Proposed Palliative Care Services

- These services, when reasonable and necessary for the palliation or management of a qualified serious illness and related conditions, and when provided by qualified personnel:
 - Hospice-type services
 - Palliative care consultation, advance care planning, and care coordination/assessment/interdisciplinary care team/care plan.
 - Curative Care



Hospice-type Services

- 12 Services Listed in [APL 13-014](#)
- Medi-Cal Managed Care Hospice Includes:
 - Nursing services, home health, medical supplies, Rx, Physician services, counseling services, short-term inpatient care, etc.



Provider Qualifications

- Palliative may be inpatient or outpatient community based
- DHCS is considering use of existing guidance on qualified personnel for hospice, with some level of palliative care training.
- MCOs shall include licensed hospice and home health providers



Delivery System and Dual-Eligible Considerations

- Document is oriented toward managed care; further analysis needed regarding policy options for fee-for-service Medi-Cal.
- Document primarily addresses Medi-Cal only beneficiaries (not dually eligible for Medicare) enrolled in MCOs.
- DHCS is considering policy options for beneficiaries in home- and community-based waiver programs, nursing facility residents, and potentially Medicare – Medi-Cal dually-eligible beneficiaries enrolled in Cal Medi-Connect.



Performance Measures

- DHCS is in the process of developing performance measures for SB 1004
- The department is also considering linking some portion of palliative care payment to performance and patient outcomes for palliative care, particularly in the fee-for-service delivery system



Technical Assistance & Resources

- **California HealthCare Foundation (CHCF):** Wide range of online materials and resources, as well as in-person technical assistance events.
- **Coalition for Compassionate Care of California:** Consumer and provider resources on advance care planning and palliative care. Also frequent webinars and training programs.
- **California State University Institute for Palliative Care:** Instructor-led and self-paced online training for health care professionals, as well as patients and families.
- **DHCS SB 1004 Website:** Materials available related to SB 1004 implementation, as well as links to other resources.



Policy Feedback

- Please fill out a comment form and submit to sb1004@dhcs.ca.gov
- DHCS requests feedback no later than October 19.



Questions & Comments



DHCS Palliative Care Website:

<http://www.dhcs.ca.gov/provgovpart/Pages/Palliative-Care-and-SB-1004.aspx>

Questions:

sb1004@dhcs.ca.gov

