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Department of Health Care Services



GAVIN NEWSOM
GOVERNOR

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TO: ALL COUNTY CALIFORNIA CHILDREN'S SERVICES (CCS) PROGRAM
ADMINISTRATORS, MEDICAL CONSULTANTS, NURSING STAFF,
STATE INTEGRATED SYSTEMS OF CARE DIVISION STAFF

SUBJECT: PALLIATIVE CARE OPTIONS FOR CCS ELIGIBLE CHILDREN -
REVISED

I. INTRODUCTION

The purpose of this Numbered Letter (NL) is to update policy and guidelines for authorizing pediatric palliative care (PPC) services through the CCS Program.

II. BACKGROUND

Palliative care for children with life-threatening or terminal conditions is defined as an active approach to comprehensive comfort-oriented care for children, youths, and families. The purpose of PPC is to enhance quality of life, minimize suffering, and provide emotional support through interdisciplinary services and interventions.

Palliative care can be provided as part of hospice care for Medi-Cal beneficiaries at the end of life, or as a set of supportive services for beneficiaries with life-threatening conditions who have a life expectancy that is longer than six-months.

In 2011, Medi-Cal adopted the concurrent care provision of Section 2302, of the Affordable Care Act, which amended Section 1905(o)(1) of the Social Security Act. Under this provision, individuals under 21 years of age may receive hospice services concurrently with curative treatment, as described in the Medi-Cal Provider Manual, Hospice Care, page 2, and relevant CCS NLs and managed care All Plan Letters (APLs). As with hospice for adults, in order for a child beneficiary to be eligible for hospice services, the child beneficiary's physician must certify that the beneficiary's prognosis is for a life expectancy of six months or less if the beneficiary's terminal illness runs its normal course.

In 2018, SB 294 (Chapter 515, Statutes 2017), California established a pilot program allowing licensed hospice providers to provide PPC to seriously ill patients regardless of the individual's life expectancy. The statute defines "serious illness" as a condition that may result in death, regardless of the estimated length of the patient's remaining period of life

For CCS clients with life-threatening conditions and a life expectancy that is longer than six-months, certain palliative care services may be provided through CCS when the palliative care is part of the plan of care of a Special Care Center (SCC). Utilizing a multidisciplinary approach and family-centered care principles, the staff at the SCC perform an assessment and develop an integrated plan, combining curative or life-prolonging treatment with palliative care. PPC services are provided in coordination with the patient, family, primary care physician, subspecialty, and other community-based providers that may provide PPC services, including the managed care plan (MCP). The child's plan of care through the SCC may include services of a Home Health Agency (HHA) to assess the needs of the family and home environment to determine type, length, and frequency of services needed.

CCS-only clients will receive their approvals via Service Authorization Requests (SARs) for palliative care services only if their treatment plan is related to the CCS-eligible condition. If not, a Treatment Authorization Request (TAR) will be required and reviewed as a regular Medi-Cal service or by the MCP, as appropriate.

III. POLICY

- A. The policy in this NL shall apply to children with complex, life-limiting or life threatening conditions who meet all the CCS Program eligibility requirements. Clients eligible for PPC under this policy include clients with:
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 in 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).

B. Medically necessary PPC services may include the following:

1. Advance Care Planning

- Discussions between client, family and physician or other member of PPC team.
- Discussions may address advance directives, such as Physician Orders for Life-Sustaining Treatment (POLST) forms.¹

2. Palliative care assessment and consultation: Palliative care assessment and consultation services may be provided at the same time as advance care planning or in earlier or 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. 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

3. Plan of care

4. Child and family counseling and medical social services

5. Care coordination

6. Pain and symptom management

¹ POLST forms are available at: <http://capolst.org/>

- C. PPC services related to a child's CCS-eligible medical condition may be provided in a variety of settings, including hospitals, clinics, or in the client's home. Palliative care services may be authorized by CCS if they are part of a plan of care of a CCS SCC. The services may be provided by the following providers:
1. CCS paneled physicians with palliative care expertise
 2. Hospice agencies²
 3. Home health agencies, which may provide the following services when requested by SCC:
 - a. Skilled nursing visits
 - b. Home health aide visits
 - c. Physical therapy visits
 - d. Occupational therapy visits
 - e. Social worker visits
 - f. Speech therapy visits
 - g. Respiratory therapy visits
 - h. Registered dietitian visits
 - i. Respite care

IV. POLICY IMPLEMENTATION

- A. Authorization and location of pediatric palliative care services.
1. Medically necessary palliative care services requested as a component of the SCC treatment plan related to the CCS-eligible condition shall be authorized by the CCS Program for CCS/Medi-Cal clients and for CCS state only clients per guidance in applicable NLs.
 2. For supportive services provided at SCCs, the CCS Program shall authorize the appropriate service code grouping to the requesting SCC, and authorize

² Per authority established by SB 294 (Chapter 515, Statutes 2017) and codified in Health and Safety Code (HSC) section 1747.3

the HHA services to the HHA selected by the SCC to provide the supportive services.

3. Palliative care services requested outside of the SCC will be the responsibility of the MCPs, as described in the relevant palliative care APLs, or regular Medi-Cal, as applicable. For clients who are not enrolled in an MCP, the requested palliative care services will be requested by TAR and reviewed as a regular Medi-Cal benefit.

If you have any questions regarding this Numbered Letter, please e-mail CCSPPC@dhcs.ca.gov.

Sincerely,

ORIGINAL SIGNED BY

Evelyn Schaeffer, Chief
Integrated Systems of Care Division