



Department of Health Care Services

MEMORANDUM

DATE: December 2018

TO: Pediatric Palliative Care (PPC) Waiver Personal Care Service Providers

FROM: Sarah Brooks, Deputy Director, Health Care Delivery Systems

SUBJECT: PPC Waiver Service Transition Plan Reference Tool

BACKGROUND

The PPC Waiver is authorized under Section §1915(c) of the U.S. Social Security Act and §14132.74 of California's Welfare and Institutions Code (WIC). Waivers are Medicaid programs that allow the State to offer services above and beyond the currently approved Medicaid State Plan. As a Waiver Program, the State is required to submit an application to renew the Waiver to the Centers for Medicare & Medicaid Services (CMS) every five years. At the end of the most recent Waiver term, following the submission of a renewal application and subsequent discussions with CMS, it was determined that the PPC Waiver could not continue as structured and needed to end. Currently, the State has approval to operate the PPC Waiver through the end of December 2018.

Effective December 31, 2018, the way PPC Waiver participants get PPC services will change.

PURPOSE

This memo is being distributed to PPC Waiver Personal Care Service Providers to share information about the Department of Health Care Services' (DHCS) plan for transitioning the personal care services provided under the PPC Waiver to other Medi-Cal delivery systems.

TRANSITION PLAN

Beginning January 1, 2019, children who received pediatric palliative care services through the PPC Waiver will receive services under the Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefit, which is available to Medi-Cal members under the age of 21. EPSDT services are available to children under a Managed Care Plan and through the Regular Medi-Cal fee-for-service delivery system, as applicable.

EPSDT is an existing State Plan Benefit that provides comprehensive, preventive, diagnostic, and treatment services to eligible participants under the age of 21, as specified in Section 1905(r) of the Social Security Act. The goal of the EPSDT benefit is to ensure that eligible participants under the age of 21 receive age-appropriate screening, preventive services, and treatment services that are medically necessary to correct or ameliorate any identified conditions.

There will be some changes to the availability of pediatric palliative care services under the EPSDT benefit as compared to the PPC Waiver. The following basic services will not change under EPSDT: advance care planning, palliative care assessment and consultation, plan of care development, palliative care team consultation, care coordination, pain and symptom management, and mental health and medical social services. Expressive therapies and in-home respite are benefits under the PPC Waiver that will not be an included benefit post transition.

For additional information on the EPSDT benefit, please visit the DHCS website at: <https://www.dhcs.ca.gov/services/Pages/EPSDT.aspx>.

Authorization requests for pediatric palliative care services should be submitted to the:

- DHCS for beneficiaries receiving services through the Regular Medi-Cal fee-for-service delivery system; or
- Managed Care Plan for beneficiaries receiving services through the managed care delivery system.

Personal Care Service Code Conversions

The service codes Personal Care Agencies use to bill Medi-Cal for providing personal care services are changing as well. Please refer to the table included below for more information.

PPC Services	PPC Waiver Codes	Regular Medi-Cal Codes	National Code (effective 1/1/2019)
Personal care services	S9123	Z5804, Z5805, Z5806, Z5807, Z5832, Z5834, Z5836, Z5838	S9123, T1030, S9124, T1031, G0299, G0300, G0162, G0156

If you have additional questions or comments about these changes, please send an email to CCSPPC@DHCS.CA.GOV