Policy:	GG.1550
Title:	**Palliative Care Services**
Department:	Medical Management
Section:	Utilization Management
CEO Approval:	*/s/ Michael Hunn 05/23/2024*
Effective Date:	01/01/2018
Revised Date:	05/01/2024
Applicable to:	☒ Medi-Cal ☒ OneCare ☐ PACE ☐ Administrative

I. PURPOSE

This policy defines the scope of the Palliative Care program for CalOptima Health Medi-Cal and OneCare Members.

II. POLICY

A. CalOptima Health shall provide Palliative Care services to Members as outlined in this Policy, Senate Bill (SB) 1004 and Department of Health Care Services (DHCS) contractual requirements and guidance and the Centers for Medicare and Medicaid Services (CMS).

B. CalOptima Health and its Health Networks shall contract with sufficient Providers that have licensed clinical staff with experience and/or training in Palliative Care in order to provide appropriate access to Palliative Care services.

1. CalOptima Health or a Health Network may authorize Palliative Care to be provided in a variety of settings, including, but not limited to, inpatient, outpatient, or community-based settings. CalOptima Health or a Health Network must utilize qualified Providers for Palliative Care based on the setting and needs of a Member, so long as CalOptima Health or a Health Network ensures that its Providers comply with existing Medi-Cal contracts and policy.

2. CalOptima Health or a Health Network shall coordinate Palliative Care services utilizing qualified Providers, including but not limited to hospitals, long-term care facilities, community clinics, hospice agencies, and other types of community-based Providers that include licensed clinical staff with experience and/or training in Palliative Care, and based on the setting and needs of the Member.

C. CalOptima Health or a Health Network shall provide Medically Necessary Palliative Care services to Members who satisfy the minimum eligibility requirements described in Section III.A. of this Policy.

D. If a Member continues to meet the minimum eligibility criteria described in Section III.A. of this Policy or the pediatric Palliative Care eligibility criteria described in Section III.B. of this Policy, he or she may continue to access both Palliative Care and Curative Care until the condition improves, stabilizes, or results in death.

E. Palliative Care services shall include the following services when Medically Necessary and reasonable for the palliation or management of a qualified serious illness and related conditions:

1. Advanced Care Planning, including documented discussions between a physician or other qualified healthcare professional and a Member, family member, or legally recognized decision-maker. Counseling that occurs during these discussions shall address, but not be limited to, Advance Directives, such as Physician Orders for Life-Sustaining Treatment (POLST);

2. Palliative Care assessment and consultation, which may be provided at the same time as Advance Care Planning or in subsequent Member conversations. Palliative Care 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:

    a. Treatment plans, including Palliative Care and Curative Care;

    b. Pain and medication side effects;

    c. Emotional and social challenges;

    d. Spiritual concerns;

    e. Member goals;

    f. Advance Directives, including POLST forms; and

    g. Legally recognized decision maker.

3. Plan of care developed with the engagement of the Member and/or the Member's authorized representative. If a Member already has a plan of care, the Provider shall update the plan to reflect any changes resulting from the Palliative Care consultation or Advance Care Planning discussion. The 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.

4. The Palliative Care team shall include a group of individuals who work together to meet the physical, medical, psychosocial, emotional, and spiritual needs of the Member and the Member's family and are able to assist in identifying sources of pain and discomfort of the Member. This may include, but is not limited to, problems with breathing, fatigue, depression, anxiety, insomnia, bowel or bladder, dyspnea, and/or nausea. The Palliative Care team shall also address other issues such as medication services and allied health needs.

    a. The Palliative Care team may include, but is not limited to, the Member's Primary Care Provider (PCP), a registered nurse, licensed vocational nurse or nurse practitioner, and a social worker. Chaplain services may be part of the Palliative Care team.

b. The Palliative care team members shall provide all authorized Palliative Care services.

5. Care coordination, ensuring continuous assessment of the Member's needs, and implementation of the plan of care shall be provided by a member of the Palliative Care team.

6. Pain and symptom management, utilizing prescription drugs, physical therapy and/or other Medically Necessary services to address a Member's pain and other symptoms. The Member's plan of care shall include all services authorized for pain and symptom management.

7. Mental health and medical social services shall be available to the Member to assist in minimizing the stress and psychological problems that may arise from a serious illness, related conditions, and the dying process. Counseling facilitated by the Palliative Care team may include, but is not limited to:

   a. Psychotherapy;

   b. Bereavement counseling;

   c. Medical social services; and

   d. Discharge planning, as appropriate.

   e. Provision of medical social services shall not duplicate Specialty Mental Health Services provided by the Orange County Health Care Agency (HCA) and shall not change CalOptima Health's or a Health Network's responsibilities for referring to and coordinating with the Orange County HCA.

F. CalOptima Health or a Health Network shall periodically assess for changes in the Member's condition or Palliative Care needs. CalOptima Health or a Health Network may discontinue Palliative Care that is no longer Medically Necessary or reasonable.

G. A Member may receive Palliative Care concurrently with Curative Care and may elect to transition to Hospice Care if the Member meets the hospice eligibility criteria. A Member who is twenty-one (21) years of age or older may not be concurrently enrolled Palliative Care and Hospice Care. A Member under age of twenty-one (21) may be eligible for Palliative Care and Hospice Care services concurrently with Curative Care.

H. CalOptima Health or a Health Network shall provide Medically Necessary Palliative Care services to Members who satisfy the pediatric Palliative Care eligibility criteria set forth in Section III.B. of this policy consistent with the provision of Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) services.

I. CalOptima Health or a Health Network shall be responsible for providing Hospice Care services for terminally ill Members in accordance with CalOptima Health Policy GG.1503: CalOptima Health Hospice Coverage, Notification and Validation Requirements.

J. For Members enrolled in CalOptima Health Direct, CalOptima Health shall be responsible for design, planning and implementation of the Palliative Care program in accordance with this Policy and shall monitor, collect, and analyze referral, encounter and claims data to evaluate

the effectiveness of Palliative Care services and to promote continuous quality improvement in accordance with Section III.D. of this Policy.

K. Health Networks shall be responsible for design, planning, referrals and implementation of Palliative Care services for their Members, at a minimum, in accordance with SB 1004 (2014) and DHCS guidance. CalOptima Health shall ensure Health Networks comply with SB 1004 (2014) and DHCS contractual requirements and guidance and shall provide oversight of Health Network functions and responsibilities, processes, and performance in accordance with CalOptima Health Policy GG.1619: Delegation Oversight.

L. A Health Network shall collect and submit to CalOptima Health Palliative Care enrollment, Provider, and utilization data in accordance with CalOptima Health Policies HH.2003: Health Network and Delegated Entity Reporting, EE.1101: Additions, Changes, and Terminations to CalOptima Health Provider Information, CalOptima Health Provider Directory, and Web-based Directory, and EE.1111: Health Network Encounter Reporting Requirements. CalOptima Health shall provide monitoring and oversight for Health Network enrollment and utilization of Palliative Care services as well as aggregation of data required for DHCS reporting in accordance with CalOptima Health Polices GG.1541: Utilization Management Delegation and GG.1532: Over and Under Utilization Monitoring.

III. PROCEDURE

A. Minimum Eligibility Criteria

1. Members of any age are eligible to receive Palliative Care services if they meet all of the criteria outlined in Section III.A.2, and at least one of the four requirements outlined in Section III.A.3.

2. General Eligibility Criteria

a. The Member is likely to or has started to use the hospital or emergency department to manage his or her advanced disease (unanticipated decompensation and not including elective procedures);

b. The Member has an advanced illness as outlined in Section III.A.3. of this Policy with appropriate documentation of continued decline in health status, and is not eligible for or declines hospice enrollment;

c. The Member's death within a year would not be unexpected based on clinical status;

d. The Member has either received appropriate patient-desired medical therapy or is a Member for whom patient-desired medical therapy is no longer effective. The Member is not in reversible acute decompensation; and

e. The Member, and if applicable, the Member's family/Member-designated support person agrees to:

i. Attempt, as medically/clinically appropriate, in-home, residential-based, or outpatient disease management/palliative care prior to use of the emergency department, and

ii. Participate in Advance Care Planning discussions.

3. Disease-Specific Eligibility Criteria

    a. Congestive Heart Failure (CHF) with both:

        i. New York Heart Association (NYHA) heart failure classification III or higher or is hospitalized due to CHF as a primary diagnosis with no further invasive interventions planned; and

        ii. Has an ejection fraction less than 30 percent (30%) for systolic failure or significant co-morbidities.

    b. Chronic Obstructive Pulmonary Disease (COPD)

        i. Forced Expiratory Volume (FEV) less than 35 percent (35%) of predicted and twenty-four (24)-hour oxygen requirement of less than three (3) liters per minute; or

        ii. Twenty-four (24)-hour oxygen requirement of greater than or equal to three (3) liters per minute.

    c. Advanced cancer with both:

        i. Stage III or IV solid organ cancer, lymphoma or leukemia; and

        ii. A Karnofsky Performance Scale (KPS) score less than or equal to 70 or has failure of two (2) lines of standard of care therapy (chemotherapy or radiation therapy).

    d. Liver disease with:

        i. Evidence of irreversible liver damage, serum albumin less than 3.0 and International Normalized Ratio (INR) greater than 1.3, and

        ii. Ascites, subacute bacterial peritonitis, hepatic encephalopathy, hepatorenal syndrome, or recurrent esophageal varices; or

        iii. Evidence of irreversible liver damage and has a Model for End Stage Liver Disease (MELD) score of greater than 19.

        iv. To calculate MELD Score, visit the Health & Human Services Administration (HRSA) website: https://optn.transplant.hrsa.gov/data/allocation-calculators/meld-calculator/.

B. Pediatric Palliative Care Eligibility Criteria

1. Members under the age of twenty-one (21) who do not satisfy the minimum eligibility criteria of Section III.A. of this Policy may become eligible for Palliative Care services if they meet the broader criteria outlined below:

    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, which includes but is not limited to:

i. Conditions for which curative treatment is possible, but may fail, including advanced or progressive cancer or complex and severe congenital or acquired heart disease;

ii. Conditions requiring intensive long-term treatment aimed at maintaining quality of life, including human immunodeficiency virus (HIV) infection, cystic fibrosis, or muscular dystrophy;

iii. Progressive conditions for which treatment is exclusively palliative after diagnosis, including progressive metabolic disorders or severe forms of osteogenesis imperfecta; or

iv. Conditions involving severe, non-progressive disability, or causing extreme vulnerability to health complications, including extreme prematurity, severe neurological sequelae of infectious disease or trauma, severe cerebral palsy with recurrent infection, or difficult-to-control symptoms.

2. For a Whole Child Model (WCM) California Childrens Services (CCS) Member, Palliative Care services is the responsibility of CalOptima Health or a Health Network and shall be reviewed as a Prior Authorization request, as appropriate.

C. CalOptima Health or a Health Network shall authorize Palliative Care services when a Member meets the minimum eligibility requirements in accordance with Section III.A. of this Policy without regard to the Member's age or the pediatric Palliative Care eligibility criteria in accordance with Section III.B. of this Policy.

1. For a CalOptima Health Direct Member, a Provider shall submit a routine Prior Authorization Request (ARF) for Palliative Care based on Medical Necessity and eligibility criteria and in accordance with CalOptima Health Policies GG.1500: Authorization Instructions for CalOptima Health Direct and CalOptima Health Community Network Providers and GG.1508: Authorization and Processing of Referrals.

2. For a Health Network Member, a Provider shall obtain authorization from the Member's Health Network, in accordance with the Health Network's authorization policies and procedures.

D. CalOptima Health shall identify potentially eligible Members for Palliative Care services through various sources, including, but not limited to:

1. Prior Authorization referrals;

2. Concurrent review referrals;

3. Case management referrals;

4. Disease management referrals;

5. Provider referrals; and

6. Claims and encounter data.

E. Provider Training and Education

1. CalOptima Health shall ensure Provider education and training on Palliative Care services available, identification and referral of eligible Members, and how care will be coordinated between Providers in accordance with CalOptima Health Policy EE.1103: Provider Education and Training. Provider education shall be provided, at a minimum, as follows:

    a. Provider office education and training;

    b. Provider manual updates;

    c. Provider monthly newsletter; and/or

    d. Provider quarterly Lunch and Learn educational updates.

2. Provider education shall also focus on ensuring Members who are eligible for Palliative Care services are referred from both PCPs, as well as appropriate specialists including, but not limited to:

    a. Oncologists;

    b. Hematologists;

    c. Pulmonologists; and

    d. Cardiologists.

F. CalOptima Health shall ensure a Member receives Palliative Care services within timely access standards in accordance with CalOptima Health Policies GG.1600: Access and Availability Standards, and MA.7007: Access and Availability.

G. A Member shall be entitled to appeals and grievance procedures in accordance with CalOptima Health Policies GG.1510: Appeal Process, HH.1102: Member Grievance, and HH.1108: State Hearing Process and Procedures, MA.9002: Enrollee Grievance Process, MA.9003: Standard Pre-Service Appeal, MA.9004: Expedited Pre-Service Integrated Appeal, and MA.9015: Standard Integrated Appeals.

H. CalOptima Health shall report Palliative Care data to DHCS in a manner and format required by DHCS.

IV. ATTACHMENT(S)

None to Date

V. REFERENCE(S)

A. Affordable Care Act, §2302
B. CalOptima Health Contract with the Department of Health Care Services
C. CalOptima Health State Medicaid Agency Contract (SMAC) with DHCS for Dual Eligible Special Needs Plan (D-SNP)

D. CalOptima Health Policy EE.1101: Additions, Changes, and Terminations to CalOptima Health Provider Information, CalOptima Health Provider Directory, and Web-based Directory
E. CalOptima Health Policy EE.1103: Provider Education and Training
F. CalOptima Health Policy EE.1111: Health Network Encounter Reporting Requirements
G. CalOptima Health Policy GG.1500: Authorization Instructions for CalOptima Health Direct and CalOptima Health Community Network Providers
H. CalOptima Health Policy GG.1503: CalOptima Health Hospice Coverage, Notification and Validation Requirements
I. CalOptima Health Policy GG.1508: Authorization and Processing of Referrals
J. CalOptima Health Policy GG.1510: Appeal Process
K. CalOptima Health Policy GG.1532: Over and Under Utilization Monitoring
L. CalOptima Health Policy GG.1541: Utilization Management Delegation
M. CalOptima Health Policy GG.1600: Access and Availability Standards
N. CalOptima Health Policy GG.1619: Delegation Oversight
O. CalOptima Health Policy HH.1102: Member Grievance
P. CalOptima Health Policy HH.1108: State Hearing Process and Procedures
Q. CalOptima Health Policy HH.2003: Health Network and Delegated Entity Reporting
R. Centers for Medicare & Medicaid Services (CMS) Letter #10-018: Hospice Care for Children in Medicaid and CHIP
S. Department of Health Care Services (DHCS) All Plan Letter (APL) 13-014: Hospice Services and Medi-Cal Managed Care
T. Department of Health Care Services (DHCS) All Plan Letter (APL) 18-020: Palliative Care
U. Department of Health Care Services (DHCS) All Plan Letter (APL) 23-034: California Children's Services Whole Child Model Program (Supersedes APL 21-005)
V. Department of Health Care Services (DHCS) Policy Letter (PL) 11-004: The Implementation of Section 2302 of the Affordable Care Act, Entitled "Concurrent Care For Children"
W. Department of Health Care Services (DHCS) Numbered Letter (N.L) 12-1119: Palliative Care Options for CCS Eligible Children- Revised
X. Senate Bill (SB) 1004, Medi-Cal Palliative Care
Y. Welfare and Institutions Code (WIC) §14132.75

VI. REGULATORY AGENCY APPROVAL(S)

Date	Regulatory Agency	Response
11/15/2017	Department of Health Care Services (DHCS)	Approved as Submitted
12/18/2017	Department of Health Care Services (DHCS)	Approved as Submitted
02/06/2019	Department of Health Care Services (DHCS)	Approved as Submitted
03/27/2020	Department of Health Care Services (DHCS)	Approved as Submitted

VII. BOARD ACTION(S)

Date	Meeting
12/07/2017	Regular Meeting of the CalOptima Board of Directors
12/05/2019	Regular Meeting of the CalOptima Board of Directors

VIII. REVISION HISTORY

Action	Date	Policy	Policy Title	Program(s)
Effective	01/01/2018	GG.1550	Palliative Care Services	Medi-Cal
Revised	12/05/2019	GG.1550	Palliative Care Services	Medi-Cal

Action	Date	Policy	Policy Title	Program(s)
Revised	06/01/2020	GG.1550	Palliative Care Services	Medi-Cal
Revised	07/01/2021	GG.1550	Palliative Care Services	Medi-Cal
Revised	05/01/2022	GG.1550	Palliative Care Services	Medi-Cal
Revised	12/01/2023	GG.1550	Palliative Care Services	Medi-Cal OneCare
Revised	05/01/2024	GG.1550	Palliative Care Services	Medi-Cal OneCare

IX. GLOSSARY

Term	Definition
Advance Care Planning	Documented discussions between a physician or other qualified healthcare professional and a patient, family member, or legally recognized decision-maker.
Advance Directive	A written instruction such as a living will or durable power of attorney for health care, recognized under state law, relating to the provision of health care when a Member is incapacitated.
CalOptima Health Direct (COHD)	A direct health care program operated by CalOptima Health that includes both COHD-Administrative (COHD-A) and CalOptima Health Community Network (CHCN) and provides services to Members who meet certain eligibility criteria as described in Policy DD.2006: Enrollment in/Eligibility with CalOptima Health Direct.
Curative Care	Health care practices that treat patients with the intent of curing them, not just reducing their pain or stress.
Early and Periodic Screening, Diagnosis, and Treatment (EPSDT)	A comprehensive and preventive child health program for individuals under the age of twenty-one (21) years. EPSDT is defined by law in the Federal Omnibus Budget Reconciliation Act of 1989 and includes periodic screening, vision, dental, and hearing services. In addition, section 1905(r)(5) of the Federal Social Security Act (the Act) requires that any Medically Necessary health care service listed in section 1905(a) of the Act be provided to an EPSDT recipient even if the service is not available under the State's Medicaid plan to the rest of the Medicaid population.
Health Network	A Physician Hospital Consortium (PHC), physician group under a shared risk contract, or health care service plan, such as a Health Maintenance Organization (HMO) that contracts with CalOptima Health to provide Covered Services to Members assigned to that Health Network.
Health Risk Assessment	A health questionnaire, used to provide Members with an evaluation of their health risks and quality of life.
Hospice Care	The provision of palliative and supportive items and services to a Terminally Ill Member as defined in Title 22 CCR section 51180.2, who has voluntarily elected to receive such care in lieu of curative treatment related to the terminal condition, by a hospice Provider or by others under arrangements made by a hospice Provider, including: 1. Nursing services; 2. Physical or occupational therapy, or speech-language pathology; 3. Medical social services under the direction of a physician; 4. Home health aide and homemaker services; 5. Medical supplies and appliances; 6. Drugs and biologicals; 7. Physician Services; 8. Short-term inpatient care for pain control or symptom management in a hospital, skilled nursing or hospice facility; 9. Counseling, including bereavement, dietary and spiritual counseling; 10. Continuous nursing services provided on a twenty-four (24)-hour basis only during periods of Crisis and only as necessary to maintain the Terminally Ill Member at home;

Term	Definition
	11. Inpatient Respite Care provided on an intermittent, non-routine and occasional basis for up to five (5) consecutive days at a time in a hospital, skilled nursing or hospice facility; and 12. Any other palliative item or service for which payment may otherwise be made under the Medi-Cal program and that is included in the Hospice plan of care.
Medically Necessary or Medical Necessity	Reasonable and necessary Covered Services to protect life, to prevent significant illness or significant disability, or alleviate severe pain through the diagnosis or treatment of disease, illness, or injury, as required under W&I Code 14059.5(a) and Title 22 CCR Section 51303(a). Medically Necessary services shall include Covered Services necessary to achieve age-appropriate growth and development, and attain, maintain, or regain functional capacity. For Members under twenty-one (21) years of age, a service is Medically Necessary if it meets the Early and Periodic Screening, Diagnostic and Treatment (EPSDT) standard of medical necessity set forth in Section 1396dI(5) of Title 42 of the United States Code, as required by W&I Code 14059.5(b) and W&I Code Section 14132(v). Without limitation, Medically Necessary services for Members under twenty-one (21) years of age include Covered Services necessary to achieve or maintain age-appropriate growth and development, attain, regain or maintain functional capacity, or improve, support or maintain the Member's current health condition. CalOptima Health shall determine Medical Necessity on a case-by-case basis, taking into account the individual needs of the child.
Non-Physician Medical Practitioner (NMP)	A nurse midwife, physician's assistant, or nurse practitioner who provides primary care.
Palliative Care	Patient- and family-centered care that optimizes quality of life by anticipating, preventing, and treating suffering.
Primary Care Practitioner/Physician (PCP)	A Practitioner/Physician responsible for supervising, coordinating, and providing initial and primary care to Members and serves as the medical home for Members. The PCP is a general practitioner, internist, pediatrician, family practitioner, or obstetrician/gynecologist (OB/GYN). For Members who are Seniors or Persons with Disabilities or eligible for the Whole Child Model, "Primary Care Practitioner" or "PCP" shall additionally mean any Specialty Care Provider who is a Participating Provider and is willing to perform the role of the PCP. A PCP may also be a Non-Physician Medical Practitioner (NMP) (e.g., Nurse Practitioner [NP], Nurse Midwife, Physician Assistant [PA]) authorized to provide primary care services under supervision of a physician. For SPD or Whole Child Model beneficiaries, a PCP may also be a Specialty Care Provider or clinic.
Primary Care Provider (PCP)	A person responsible for supervising, coordinating, and providing initial and Primary Care to patients; for initiating referrals; and for maintaining the continuity of patient care. A PCP may be a Primary Care Physician or Non-Physician Medical Practitioner.
Provider	Any individual or entity that is engaged in the delivery of services, or ordering or referring for those services, and is licensed or certified to do so.

Term	Definition
Specialty Mental Health Services	Rehabilitation services, which include mental health services, medication support services, day treatment intensive, day rehabilitation, crisis intervention, crisis stabilization, adult residential treatment services, crisis residential services and *psychiatric* health facility services. Specialty Mental Health Services may also include: 1. Psychiatric Inpatient Hospital Services; 2. Targeted Case Management; 3. Psychiatrist services; 4. Psychologist services; 5. Early Periodic Screening, Detection, and Treatment (EPSDT) supplemental Specialty Mental Health Services; and/or 6. Psychiatric nursing facility services.