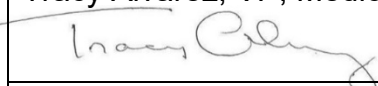





Promise Health Plan

<b>Policy Title:</b> California Children’s Services: hospice and palliative care		<b>POLICY #: 10.2.73</b>	
		Line of business: Medi-Cal	
<b>Department Name:</b> Utilization Management	<b>Original Date</b> 01/2023	<b>Effective Date</b> 01/2023	<b>Revision Date</b> 02/2023
<b>VP Approval:</b> Tracy Alvarez, VP, Medical Care Solutions 		<b>Date of Approval:</b> 2/17/2023	
<b>Medical Services/P&amp;T Committee: (If Applicable)</b> James Cruz, MD 		<b>Date of Committee Review:</b> 2/9/2023	

**A. PURPOSE:**

To define the policy and procedure and provide guidance on how Blue Shield of California Promise Health Plan (Blue Shield Promise) to ensure members less than 21 years of age with eligible medical conditions are referred to the California Children’s Services (CCS) program for evaluation. Blue Shield Promise continues responsibility for a member’s healthcare services if a member is not determined to be eligible for the CCS program services

**B. DEFINITIONS:**

1. "Case Management Services" means those services furnished to assist individuals eligible under the Medi-Cal State plan who reside in a community setting or are transitioning to a community setting, in gaining access to needed medical, social, education, and other services in accordance with 42 Code of Federal Regulations (CFR) sections 441.18 and 440.169. Case management services for eligible individuals are set forth in 42 CFR 14 section 440.169(d) and (e), and 22 California Code of Regulations (CCR) section 51184(d), (g) (5) and (h). SA Pg. 3, para. 1.
2. “CCS Paneled” refers to hospitals and doctors who have passed through a special application process and show that they have the knowledge and experience to care for children with CCS-eligible conditions.
3. Hospice Care is a multidisciplinary approach to care that is designed to meet the unique needs of terminally ill individuals and their families. Hospice care is used to alleviate pain and suffering and treat symptoms rather than cure illness. Items and services are directed toward the physical, psychosocial, and spiritual needs of the patient/family. Medical and nursing services are designed to maximize the patient’s comfort and independence.

4. Palliative care as defined in Health and Safety Code 1339.31(b) means interventions that focus primarily on reduction or abatement of pain and other disease-related symptoms, rather than interventions aimed at investigation and/or interventions for the purpose of cure or prolongation of life.
5. Period of crisis as defined in 42 CFR 418.204 means a period in which the member requires continuous care for as much as 24 hours to achieve palliation or management of acute medical symptoms. Medicare Manual, Section 230.2 and CMS transmittal A-03-016 states that the care provided requires continuous care for as much as twenty-four (24) hours commencing at midnight and terminating on the following midnight. Member election of hospice care services must meet the requirements of Title 22, CCR Section 51349(d) and include all requirements as stipulated in the Code on an appropriate hospice form.
6. Terminally ill as defined in Title CCR 51180.2 means that an individual's medical prognosis as certified by a physician, results in a life expectancy of 6 months or less. Health and Safety Code Section 1746 expands the definition to include a medical condition resulting in a prognosis of life of one year or less if the disease follows its natural course. Certification of terminal illness in compliance with 42 Federal Code of Regulations (CFR) 418.22(b) requires the physician certification contain the qualifying clause in relation to the described definition of terminally ill, "if the terminal illness runs its normal course."
7. Curative services are defined as those given with the goal of long-term cure or disease-free state of the child and are covered under concurrent care.
8. "Revocation of hospice care" means a member's voluntary election may be revoked or modified at any time during an election period. To revoke the election of hospice care, the member or member's representative must file a signed statement with the hospice revoking the individual election for the remainder of the election period. At any time after revocation, a member may execute a new election, thus restarting the 90/90/unlimited 60-day certification periods of care. An individual or representative may change the designation of a hospice provider once each benefit period. This change is not a revocation of the hospice benefit (Title 42, CFR, Sections 418.28 and 418.30).

### **C. POLICY:**

- I. CCS is carved out of the Blue Shield Promise benefits agreement. The CCS program provides diagnostic and treatment services and, medical case management, physical and occupational therapy, and including MTP services to children under the age of 21 with CCS eligible medical conditions.
- II. Blue Shield Promise in accordance with PPACA, Section 2302 Law "Concurrent Care for Child" will ensure that the member receives medically necessary care

concurrently with hospice care. Section 2302 states “A voluntary election to have payment made for hospice care for a child (as defined by the State) shall not constitute a waiver of any rights of the child to be provided with, or to have payment made under this title for, services that are related to the treatment of the child's condition for which a diagnosis of terminal illness has been made.”

- a. Blue Shield Promise will ensure that hospice services will be made available to children without foregoing other Medi-Cal services for treatment of the terminal condition and that all medically necessary curative services must be available even if the member and their family elects hospice services, providing a blended package of curative and palliative services.
  - b. The member's CCS Program eligibility shall continue during the member's enrollment in hospice for the CCS eligible condition.
  - c. Hospice care is available to any Medi-Cal beneficiary with a life-limiting condition and life expectancy of no more than six (6) months. With concurrent care, a CCS client with a life expectancy of six (6) months or less can enroll in hospice while continuing to receive curative/non-palliative services.
  - d. Services that are palliative or do not meet CCS medical necessity criteria shall fall under hospice eligibility.
- III. Blue Shield Promise in accordance with APL 18-020 will ensure that members who qualify for palliative care receives the following: 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 Blue Shield Promise 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.
- a. 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.
  - b. 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.

- c. 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.
- d. Members of any age are eligible to receive palliative care services if they meet all the criteria outlined in Section I.A. and at least one of the four requirements outlined in Section I.B of the APL 18-020.
- e. Members under the age of 21 years who do not qualify for services based on the above criteria may become eligible for palliative care services according to the broader criteria outlined in Section I.C of the APL 18-020 consistent with the provision of EPSDT services.
- f. When a member meets the minimum eligibility criteria for palliative care, Blue Shield Promise will authorize palliative care without regard to age. Palliative care must include, at a minimum, the following seven (7) services stipulated by APL 18-020 when medically necessary and reasonable for the palliation or management of a qualified serious illness and related conditions.
- g. Blue Shield Promise will authorize palliative care to be provided in a variety of settings, including, but not limited to, inpatient, outpatient, or community-based settings. Blue Shield Promise will utilize qualified providers for palliative care based on the setting and needs of a member. Blue Shield Promise will ensure that its providers comply with existing Medi-Cal contracts and policy. Blue Shield Promise will use providers who possess current palliative care training and/or certification to conduct palliative care consultations or assessments.
- h. CCS clients with life-threatening conditions and a life expectancy that is longer than six (6) 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. Pediatric 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 Blue Shield Promise.
- i. 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.

- j. Palliative care services may be authorized by the County CCS Program if they are part of a plan of care of a CCS Special Care Center (SSC) as stipulated by N.L 12-1119.

#### **D. PROCEDURES:**

- I. The CCS nurse shall reach out to the member, member's family, primary care physician (PCP), and explain that the CCS Program eligibility of the member will continue during the member's enrollment in palliative/hospice services for the CCS eligible medical condition.
- II. The CCS nurse shall reach out to the County CCS Program regarding palliative/hospice services for eligible children and will work with the County CCS program to facilitate continuity of medical care, including maintaining established patient-provider relationships, to the greatest extent possible.
  - a. The CCS nurse shall facilitate the transition to palliative/hospice care for children with terminal diseases who require close consultation and coordination between Blue Shield Promise and the County CCS program and/or other caregivers to facilitate the transfer, if member/family elects such service.
  - b. The CCS nurse shall continue to coordinate with the County CCS program all authorization request for continuing medically necessary services intended to treat the CCS eligible condition and maintain the status of the member, except for palliative services including pain control.
  - c. Blue Shield Promise shall facilitate hospice counseling services (when applicable) for grief, bereavement, and spiritual during this situation.
- III. In addition to hospice care services a waiver program is available to children and families who may benefit from receiving palliative care services earlier in their course of a child's illness. Blue Shield Promise shall assist families with this information, as necessary. For additional information on this subject, please see CCS Numbered Letter (NL): 04-0207 regarding palliative/hospice options for CCS eligible children. This NL can be found on CCS's website at: <http://www.dhcs.ca.gov/services/ccs/Documents/ccsnl040207.pdf>. Policy guidelines and procedural direction on authorization of medically necessary services related to the child's CCS life-limiting condition for children who have elected hospice care can be found at: <http://www.dhcs.ca.gov/services/ccs/Documents/ccsnl061011.pdf>
- IV. The CCS nurse shall ensure coordination of care between Blue Shield Promise and the palliative/hospice care providers and allow for the palliative/hospice

interdisciplinary team to professionally manage the care of the patient as outlined in the law.

- V. The CCS nurse shall issue authorization for palliative care services for all members meeting the palliative care eligible medical conditions criteria.
  - a. All members not currently enrolled with Blue Shield Promise will be referred and directed by the CCS Nurse to submit and request a treatment authorization request (TAR) directly to Medi-Cal benefit.
  - b. For CCS state-only clients (individuals not covered by Medi-Cal), medically necessary palliative care services related to the CCS-eligible condition and requested as a component of the SCC treatment plan shall be authorized by the CCS Program per guidance in applicable NLs.
  - c. For palliative care services prescribed by a paneled provider at an SCC, the CCS Program shall authorize the appropriate service code grouping to the requesting SCC, and all other services to the appropriate providers.
- VI. The CCS nurse shall document all communication between the member, member's representative, primary care physician, County CCS program, and other member of the interdisciplinary team in the plan's case management system.

#### **E. MONITORING:**

- I. The CCS nurse shall notify and inform the network providers who are responsible for the care of the member's palliative and/or hospice care election.

#### **F. REPORTING:**

- I. Blue Shield Promise shall create a monthly report to identify members receiving palliative and/or hospice care.
- II. Committee Reporting: Reports shall be submitted quarterly through the Utilization Management Leadership and Chief Medical Officer. Blue Shield Promise will involve Delegation Oversight and Provider Network Operations, as necessary, for informational provider communications and/or corrective actions.
- III. Annual Policy Review and Updates: Blue Shield Promise CCS Department will review this policy and all related desk level procedures no less than every twelve (12) months and as needed to ensure adherence to all updates, revisions, and changes announced by the Department of Health Care Services regarding the CCS program.

**G. REFERENCES & ATTACHMENTS:**

1. APL 13-014
2. APL 18-020
3. CCS N.L.: 06-1011
4. CCS N.L12-1119
5. Health & Safety Code Section 1368.2
6. MMCD Policy Letter 11-004
7. PPACA, Section 2302
8. Title 22 Division 2 Subdivision 7: California Children's Services
9. Title 22, CCR Section 51349
10. Welfare & Institutions Code Section 14094

**H. REVISION HISTORY:**

Date	Modification (Reviewed and/or revised)	E-Filing Number
2/2023	Updated Regulatory Requirements DHCS	