July 11, 2019

PROVIDER ALERT

To: Health Plan of San Joaquin (HPSJ) Providers

From: HPSJ Medical Management Department

Subject: Pediatric Palliative Care

Business: **Medi-Cal**

Medi-Cal plans are required to provide palliative care services to their pediatric members (APL 18-020). **A member under 21 years of age can receive palliative care and hospice services concurrently with curative care.**

What conditions are covered?

All life-threatening conditions are covered.

This can include, but is not limited to:

- 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
- Conditions requiring intensive long-term treatment aimed at maintaining quality of life (e.g., human immunodeficiency virus infection, cystic fibrosis, or muscular dystrophy); or
- Progressive conditions for which treatment is exclusively palliative after diagnosis (e.g., progressive metabolic disorders or severe forms of osteogenesis imperfecta); or
- 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)

Palliative Care services can include:

- Advanced Care Planning
- Care Coordination and Care Plans
- Pain and symptom monitoring
- Mental Health and Medical Social Services

How can I refer members for Palliative Care services?

- Fill out the attached referral form.
- Fax your submission to the number listed on the form.

For further information or to request a referral to Palliative Care, please contact Health Plan of San Joaquin Case Management staff at (209) 942-6320.

Attached: Palliative Care services referral form

HPSJ Palliative Care options in partner with Community Care Choices & Pacific Palliative Care

Date: _____ **Referral From:** _____ **Phone:** _____

Referral to (check one):

- ☐ **Stanislaus County** - Community Care Choices, Phone (209) 578-6333, Fax (209) 541-3289
- ☐ **San Joaquin County** - Pacific Palliative Care, Phone (209) 922-0263, Fax (209) 922-0321

Patient Name: _____**DOB:** _____ **Member ID:** _____

Patient Phone Number: _____

Admissions Order/Eligibility Check List

☐ Inpatient Palliative Care Consultation Completed ☐ Home Health Referral Completed

Patient must meet ALL general eligibility criteria AND at least ONE of the four disease specific eligibility requirements:

General Eligibility Criteria (CHECK ALL THAT APPLY):

- ☐ Likely to or has started to use hospital or emergency department to manage his/her advanced disease. This refers to unanticipated decompensation and does not include elective procedures
- ☐ Has an advanced disease as defined in the disease specific criteria below with appropriate documentation of continued decline in health status, and is not eligible for or declines hospice enrollment
- ☐ Death within 1 year would not be unexpected based on clinical status
- ☐ Has received appropriate patient-desired medical therapy or such treatment is no longer effective. Patient is not in a reversible acute decompensation
- ☐ The patient and family (if applicable) agree to; attempt, as medically/clinically appropriate, in-home, residential-based, or outpatient disease management/Palliative Care instead of first going to the emergency department **AND** Participates in Advanced Care Planning discussions

Disease-Specific Eligibility Criteria (CHECK ALL THAT APPLY):

- ☐ Congestive Heart Failure (CHF): Must meet (a) **AND** (b)
  - ☐ **a)** Hospitalized due to CHF as the primary diagnosis with no further invasive interventions planned **OR** meets criteria for NYHA heart failure classification III or higher; **AND**
  - ☐ **b)** Has an Ejection Fraction of less than 30% for systolic failure **OR** significant co-morbidities
- ☐ Chronic Obstructive Pulmonary Disease (COPD): Must meet (a) **OR** (b)
  - ☐ **a)** Forced Expiratory Volume (FEV) 1 less than 35 % of predicted **AND** a 24-hour oxygen requirement of less than three liters per minute; **OR**
  - ☐ **b)** 24-hour oxygen requirement of greater than or equal to three liters per minute
- ☐ Advanced Cancer: Must meet (a) **AND** (b)
  - ☐ **a)** Stage III or IV solid organ cancer, lymphoma, or leukemia; **AND**
  - ☐ **b)** Karnofsky Performance Scale (KPS) score less than or equal to 70% **OR** has failure of two lines of standard care therapy (Chemotherapy or Radiation Therapy)
- ☐ Liver Disease: Must meet (a) **AND** (b) combined **OR** (c) Alone
  - ☐ **a)** Irreversible liver damage, serum albumin less than 3.0, and International Normalized Ratio (INR) greater than 1.3; **AND**
  - ☐ **b)** Ascites, subacute bacterial peritonitis, hepatic encephalopathy, Hepatorenal syndrome, or recurrent esophageal varices; **OR**
  - ☐ **c)** Evidence of Irreversible liver damage **AND** has a Model for End Stage Liver Disease (MELD) score of greater than 19
- ☐ Other Terminal/End Stage Chronic Disease not listed above. Diagnosis of _____

Physician Name: _____ **Signature:** _____ **Date:** _____

Hospital/Clinic: _____ **Phone:** _____