



JENNIFER KENT
DIRECTOR

State of California—Health and Human Services Agency
Department of Health Care Services



EDMUND G. BROWN JR.
GOVERNOR

DATE: June 8, 2016

ALL PLAN LETTER 16-006

TO: ALL MEDI-CAL MANAGED CARE HEALTH PLANS

SUBJECT: END OF LIFE OPTION ACT

PURPOSE:

The purpose of this All Plan Letter (APL) is to provide Medi-Cal managed care health plans (MCPs) with guidance on the End of Life (EOL) Option Act.

BACKGROUND:

Assembly Bill (AB) x2-15 (Eggman, Chapter 1, Statutes of 2015)¹ added Part 1.85 (commencing with Section 443) to Division 1 of the Health and Safety Code to create the “End of Life Option Act” (Act). The Act establishes a benefit to permit terminally ill beneficiaries, age 18 or older with the capacity to make medical decisions, to be prescribed aid-in-dying medications if certain conditions are met. Provision of these services by health care providers is voluntary, and refusal to provide these services will not place any physician at risk for civil, criminal, or professional penalties.

Effective June 9, 2016, Medi-Cal Fee-For-Service (FFS) will provide coverage and reimbursement for physicians who decide to provide EOL services.

REQUIREMENTS:

EOL services, as defined by the Act, include consultations and the prescription of an aid-in-dying drug. EOL services are a “carve-out” for Medi-Cal managed care health plans (MCPs) and are covered by Medi-Cal FFS. Beneficiaries are responsible for finding a Medi-Cal FFS physician for all aspects of the EOL benefit.

During an unrelated visit with an MCP physician, a beneficiary may provide an oral request for EOL services. If the physician is also enrolled with the Department of Health Care Services (DHCS) as a Medi-Cal FFS provider, that physician may elect to become the beneficiary’s attending physician as he or she proceeds through the steps in obtaining EOL services. EOL services following the initial visit are no longer the responsibility of the MCP, and must be completed by a Medi-Cal FFS attending physician, or a Medi-Cal FFS consulting physician. Alternatively, if the MCP physician is not a Medi-Cal FFS provider, the physician may document the oral request in his or

¹ AB x2-15 (Eggman, Chapter 1, Statutes of 2015 can be found at:
https://leginfo.ca.gov/faces/billTextClient.xhtml?bill_id=201520162AB15

her medical records as part of the visit; however, the MCP physician should advise the beneficiary that following the initial visit he or she must select a Medi-Cal FFS physician in order for all of the remaining Act requirements to be satisfied.

Additional information regarding the roles and responsibilities of the Medi-Cal FFS physician can be found in AB x2-15 (Eggman, Chapter 1, Statutes of 2015) as well as in a forthcoming Medi-Cal Provider Manual.

MCPs are responsible for ensuring that their delegates comply with all applicable state and federal law and regulations and other contract requirements as well as DHCS guidance, including applicable APLs and Dual Plan Letters. A contract amendment to the Medi-Cal managed care contract will be forthcoming. If you have any questions regarding this APL, please contact your Managed Care Operations Contract Manager.

Sincerely,

Original Signed by Nathan Nau

Nathan Nau, Chief
Managed Care Quality and Monitoring Division
Department of Health Care Services