



California
Department of
Health Services

SANDRA SHEWRY
Director

State of California-Health and Human Services Agency
Department of Health Services



ARNOLD SCHWARZENEGGER
Governor

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CCS Information Notice No.: 07-05

**TO: COUNTY CALIFORNIA CHILDREN'S SERVICES (CCS)
ADMINISTRATORS AND MEDICAL CONSULTANTS, STATE
CHILDREN'S MEDICAL SERVICES (CMS) BRANCH STAFF, AND
REGIONAL OFFICE STAFF**

**SUBJECT: COUNTY LETTER OF INTEREST TO HAVE A PEDIATRIC PALLIATIVE
CARE PILOT WAIVER PROGRAM IN YOUR AREA**

The purpose of this notice is to offer your county an opportunity to participate in the pediatric palliative care pilot waiver program that is being developed in California. In accordance with AB 1745, CMS Branch and the Medi-Cal program are collaborating to devise this program and submit a waiver application to the federal Centers for Medicare and Medicaid Services/CMS by January 1, 2008. This will be a 1915 (c) Home and Community Based Services waiver which will allow children to receive a range of supportive services while simultaneously receiving treatment services for their CCS eligible medical condition. The waiver will also allow children, determined eligible for palliative care services, to be deemed eligible for Medi-Cal.

We have met several times with a large group of stakeholders, including CCS county staff, to strategize and obtain input for the development and implementation of a pediatric palliative care model and are now prepared to move forward to determine potential pilot sites, thus the purpose of this letter. We would like to know which counties would be interested in participating in this project, which we anticipate will be implemented, upon federal CMS approval, in early 2009. It is hoped the information in this letter will serve as a guide as you consider your involvement in this important work.

Pilot sites could be set up in three to four geographic areas, which may include multiple counties. Participating counties would be those that are designated 'independent' and are using CMS Net. Those counties with county organized health systems with CCS services carved-in would not be able to participate, as enrollee waiver costs and CCS costs must be separately calculated and reported. Potential waiver providers will be home health and/or hospice agencies with experience in the care of pediatric patients, so you would need to assess your community resources for these provider types.

Forging a pediatric palliative care program in California gives CCS an opportunity to be a leader in this field and set standards for other payers in the industry. Florida and Colorado are the only states to date that have a federal CMS-approved pediatric palliative care waiver. Providing an integrative model of care ensures that children will have access to a palliative care team and eliminates the need for acknowledging a six month life expectancy, as is required for entry into a hospice program. In its 2002 report, the Institute of Medicine recommends that state Medicaid programs adopt demonstration waivers for pediatric palliative care.

Proposed eligibility criteria, services, and data outcomes/evaluation measures for the waiver were explored by three subcommittees from the larger stakeholder group. The following is a link, from the CCS website for recommendations/summaries from the three groups: <http://www.dhs.ca.gov/pcfh/cms/ppc/subcommittees.htm>.

We anticipate that participating CCS counties would develop a dedicated position to coordinate and determine eligibility for this waiver program. All of the children for whom this individual would be providing case management and authorization of services would be Medi-Cal eligible. This individual could be a nurse case manager and potentially would:

- Act as a liaison between the special care center/CCS-approved sub specialist and the waiver provider to identify potential enrollees;
- Assist in the training and monitoring of participating home health and/or hospice agency providers;
- Authorize both waiver and non-waiver services;
- Prepare and submit monthly and yearly reports to the CMS Branch for enrollment, services authorized, and outcomes measures for quality assurance purposes; and
- Work with the local Health and Human Services Agency to determine eligibility and deem potential enrollees for Medi-Cal.

To be considered as a potential county for this new pilot program, please reply to me by e-mail to mdalsey@dhs.ca.gov no later than June 10, 2007. Your indication of interest does not imply a commitment; however your response will help us determine where to focus our efforts.

Marian Dalsey, M.D., M.P.H., Chief
Children's Medical Services Branch