



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



ARNOLD SCHWARZENEGGER
Governor

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

SUBJECT: PALLIATIVE CARE OPTIONS FOR CCS ELIGIBLE CHILDREN

I. Introduction

The purpose of this Numbered Letter (N.L.) is to provide policy and guidelines for determining medical necessity for pediatric palliative care services currently available through the Medi-Cal and CCS programs and to facilitate the authorization of these services.

II. Background

Palliative care for children with life-threatening or terminal conditions is defined as an active approach to total comprehensive comfort-oriented care for children, adolescents, and families. The purpose of palliative care is to enhance quality of life, minimize suffering, relieve causes of distress, and provide emotional support through interdisciplinary services and interventions. This N.L. delineates interim authorization criteria for service components of pediatric palliative care. These interim criteria will be replaced as necessary when a comprehensive pediatric palliative care model is fully developed and implemented in California.

Current hospice care options for individuals of all ages must follow Medicare requirements, which preclude receiving benefits while undergoing curative treatment. In addition, the beneficiary's physician must certify that the beneficiary's prognosis is for a life expectancy of six months or less if the beneficiary's terminal illness runs its normal course.

Some providers and advocates see traditional hospice as a barrier to the delivery of end-of-life care because, with the progress of curative treatment for diseases usually considered terminal, it can be difficult for physicians to determine an accurate life expectancy, especially in children. Parents often will not elect hospice services because of the need to certify, and thereby acknowledge, that the child's life span is six months or less. In addition, the application of traditional hospice options in children may result in denial of necessary services essential to the physical and emotional well-being of children and their families. For example, CCS-eligible children enrolled in hospice have encountered barriers in accessing CCS services/benefits such as in-home shift nursing care and ambulance transport to and from a tertiary care center when the child cannot transfer safely by family car.

End of life care for children with a life threatening condition may be substantially different than that for adults. Hospice care options for children do not fit the traditional adult hospice model. Often, there is a fine line between curative or life-prolonging treatment and comfort maintenance. Children can and often do live longer with a life threatening condition because of aggressive treatment and their natural resilience. Rather than hospice, it is postulated that children and families could benefit from receiving palliative care services earlier in the course of a child's illness.

Nationally, child health organizations, providers, and advocates are attempting to define a pediatric palliative care model that will enhance the quality of life for both child and the family facing an ultimately terminal condition. The American Academy of Pediatrics recommends the development and broad availability of pediatric palliative care services based on child-specific guidelines and standards. The pediatric palliative care model allows the pursuit of curative or life-prolonging treatment to be combined with treatment focused on the relief of symptoms and conditions that detract from the child's enjoyment of life. This model also seeks to ensure that families of children with a life-threatening illness are able to remain functional and intact, both during and after the child's illness and death.

Some of the options that have been discussed are not consistent with state and federal law and cannot be implemented without a special waiver from the Centers for Medicaid and Medicare Services (CMS). In preparation for implementing Assembly Bill 1745, Chapter 330, Statutes of 2006, the California Department of Health

Services, Children's Medical Services Branch, and the Medi-Cal program are partnering with federal CMS to devise a pediatric palliative care model for California children. Some of the services that are envisioned within this pediatric palliative care construct are already payable benefits under the Medi-Cal and CCS programs and may currently be authorized when medically necessary for an individual client.

Children with a CCS eligible medical condition are eligible to receive case management services through CCS for palliative care in conjunction with services to treat their CCS condition. Palliative care services that cannot currently be authorized by the CCS program include respite care, post death family bereavement counseling, spiritual counseling, individual art, music, activity/play therapists, child life specialists, and traditional hospice care concurrently with curative or life-prolonging treatment.

Provision of pediatric palliative care is applicable throughout the course of the child's illness. The time course of some illnesses is extremely variable. Integration of curative and palliative approaches through the illness trajectory (where one predominates over the other at different points) is critical. Highly technical invasive treatments may be used to prolong and improve quality of life concurrently with palliative care, each becoming dominant at different stages of the disease.

Utilizing a multidisciplinary approach and family-centered care principles, the staff at the Special Care Center (SCC) or a CCS-approved specialist (if the child is not linked to a SCC) will perform an assessment and develop an integrated plan, combining curative or life-prolonging treatment with palliative care. Services provided will be in coordination with the patient, family, primary care physician, sub-specialty teams, and other community-based providers that may provide pediatric palliative services as identified in this N.L.

In situations where the child is not linked to a SCC, the CCS-approved specialist may coordinate with the family and local resources to determine necessary services utilizing the assessment and plan development criteria described above.

The CCS County or Regional Office Nurse Case Manager or Medical Consultant is in a unique position to identify and refer CCS-eligible children with life threatening conditions for a pediatric palliative care needs assessment. Linking these children and families to supportive palliative care services can go a long way to alleviate the physical discomfort and emotional stress of those affected by catastrophic life-threatening illnesses.

The child's SCC or physician may request the services of a Home Health Agency (HHA) to assess the needs of the family and home environment to determine type, length, and frequency of services needed (see N.L. 07-0506).

III. Policy

- A. The policy in this N.L shall apply to children who meet all CCS program eligibility requirements.
- B. Pediatric palliative care services related to a child's CCS-eligible medical condition may be provided in a variety of settings, including hospitals, or in the patient's home.
- C. To the extent they are not duplicated in another service delivery venue such as the Medical Therapy Program (MTP), pediatric palliative care services may include the following benefits:
 1. HHA Services, including:
 - a. Skilled Nursing visits
 - b. Home Health Aide visits
 - c. Physical therapy visits
 - d. Occupational therapy visits
 - e. Social Worker visits
 - f. Speech therapy visits
 - g. Respiratory therapy visits
 - h. Registered dietitian visits
 2. Medically necessary palliative services of individual healthcare professionals who are enrolled as EPS Medi-Cal providers and who are CCS-approved, if applicable, provided in the home or on an outpatient basis, including:

- a. Licensed Vocational Nurse
 - b. Registered Nurse
 - c. Physical therapist
 - d. Occupational therapist
 - e. Speech therapist
 - f. Social Worker, Marriage and Family Therapist (MFT), or Psychologist
 - g. Registered dietitian
3. In-home shift nursing services with an anticipated duration of less than 90 days may be authorized by CCS, regardless of payer source, to one of the following provider types (in accordance with N.L.: 05-0207):
 - a. HHA
 - b. Individual Licensed Vocational Nurse or Registered Nurse
 4. In-home shift nursing services with an anticipated duration of greater than 90 days shall be coordinated with Medi-Cal In-Home Operations (IHO) staff by utilizing the existing workaround process between IHO and CCS.
 5. Durable Medical Equipment (DME) and medical supplies if not included in services provided by a HHA.
 6. Pain management and symptom control payable through the SCC or physician Service Code Grouping (SCG) authorization.
 7. Child and family counseling which may be provided by the HHA social worker or Medi-Cal enrolled independent social worker, MFT, or psychologist.
 8. Assistance with maintenance and transportation (N.L. 01-0104).

- D. Authorization of pediatric palliative care services to a SCC or to a CCS-approved specialty physician if there is no link to a SCC, shall be provided when the request for services indicates:
1. The family and child agree to the provision of pediatric palliative care services; and
 2. The assessment and treatment plan documents the need for palliative care for a child with a life-threatening diagnosis who is not likely to reach age 21; as in any of the following:
 - a. Conditions for which curative treatment is possible, but may fail. Examples may include advanced or progressive cancer, or complex and severe congenital or acquired heart disease;
 - b. Conditions requiring intensive long-term treatment aimed at maintaining quality of life. Examples may include Human Immunodeficiency Virus infection, cystic fibrosis, or muscular dystrophy;
 - c. Progressive conditions in which treatment is exclusively palliative after diagnosis. Examples may be progressive metabolic disorders or severe forms of osteogenesis imperfecta;
 - d. Conditions involving severe, nonprogressive disability, or causing extreme vulnerability to health complications, such as extreme prematurity, severe neurologic sequelae of infectious disease, severe cerebral palsy with recurrent infection or difficult-to-control symptoms.
 - e. Newly diagnosed life-threatening conditions and the child/family requires acceptance/adjustment counseling.
- E. If a CCS client/parent/legal guardian formally elects for the CCS client to enter a hospice program, the client's CCS case shall remain open to allow for authorization of any medically necessary services not covered by the hospice program. This includes children enrolled in the MTP.

- F. When the child enters a formal hospice program, ongoing physician, laboratory, or other medical services not included in the hospice benefit may be authorized. Any requests for authorization of hospital admission or aggressive treatment(s) will require coordination with the hospice program.
- G. A "Do Not Resuscitate" (DNR) order is not required in order to authorize palliative care services, however, palliative care may be authorized with a DNR order in place.

IV. Policy Implementation

A. Authorization and location of services

1. Licensed health care facilities, with the general exception of licensed hospice facilities, may request authorization for pediatric palliative care services if such services are not included in the facility's daily rates. For clarification of rate inclusion in each facility type, see Title 22, Division 3, Chapter 3, Article 7, starting with Section 51503. Licensed hospice facilities may only serve patients enrolled in a hospice program. CCS can not currently issue authorizations to hospice agencies.
2. General acute care hospitals do not require a Service Authorization Request (SAR) for palliative care, as all medically necessary services, with the exception of physician services, are included in the hospital's rates.
3. Services provided in the home may include any medically necessary services including those described in Section *III. C*, above, by issuing a SAR to the appropriate Medi-Cal enrolled provider. See Appendix A for applicable codes.
4. If appropriate, a SAR for Service Code Grouping (SCG 02) shall be issued to the applicable SCC, if not already authorized.

- B. The SAR issued to the SCC may be shared with the CCS approved local physician to expedite the delivery of services recommended in the treatment plan, including pain management. If the request includes HHAs, individual providers, DME, or medical supplies, a separate SAR must be issued to the applicable entity.

- C. If the child is not linked to a SCC, the specialty care physician may indicate via a report to CCS or treatment plan to a HHA that palliative care services are medically necessary (see Section *III. D*, above). The HHA may then initiate a request for services. A pre-existing physician SAR may be utilized by the pharmacy for pain control medications.
- D. Shift nursing services expected to be less than 90 days in duration may be authorized to one of the following Medi-Cal enrolled provider types (in accordance with N.L. 05-0207):
1. HHA
 2. Individual Licensed Vocational Nurse or Registered Nurse
- E. Shift nursing services expected to be greater than 90 days in duration for full-scope Medi-Cal clients may be authorized through the existing workaround between CCS and IHO.
1. The SCC or specialist managing the CCS-eligible condition must indicate to the CCS program that long-term shift nursing services are indicated. CCS or the SCC will identify a local provider, either a HHA or independent nurse provider. The provider must contact IHO for authorization of the shift nursing services. CCS must work with the provider to provide IHO with the appropriate documentation to justify the request and indicate that the child is CCS-eligible.
 2. IHO will coordinate with CCS via the Enrollment Verification Request (EVR). CCS will indicate to IHO that the child is known to CCS and the nursing services are related to the CCS-eligible condition.
 3. IHO will make the determination of frequency and duration and send the authorization recommendation via the In-Home Services Request (ISR) to CCS. Based upon the instruction from IHO on the ISR, CCS will issue the SAR to the requesting provider and alert the special care center that the authorization has been issued.

4. Authorization of respite services is not currently available except through the IHO/CCS workaround process. Nursing hours up to the monthly limit for which the child may be eligible may be used as a block of time to achieve the goal of providing respite services. No other nursing services (listed in Attachment A) may be utilized for that month. If the child is eligible for other programs offering respite, such as a Regional Center, those options should be exhausted first.

F. When the child enters a hospice program, ongoing physician, laboratory, or other medical services not included in the hospice benefit may be necessary. It is important that the CCS case remain open so these services may be separately authorized. Any requests for hospital admission or aggressive treatment(s) will require CCS coordination with the hospice provider.

If there are any additional questions please contact your regional office medical consultant.

Original signed by Harvey Fry for Marian Dalsey, M.D., M.P.H.

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

Attachment

APPENDIX A
Codes Available for Authorization of
Pediatric Palliative Care Services

HCPCS Codes	Description
	Service Code Grouping 01
	Service Code Grouping 02
	Service Code Grouping 11
Home Health Agency Services	
Z6900	Skilled Nursing Services: 1 visit = 1 hour
Z6902	Home Health Aid Services: 1 visit = 2 hours
Z6904	Physical Therapy Services
Z6906	Occupational Therapy Services
Z6908	Speech Therapy Services
Z6910	Medical Social Services
Z6914	Case Evaluation and Initial Treatment Plan
Z6916	Monthly Case Evaluation – Extension of Treatment Plan
Z6918	Unlisted Services: including administered drugs and supplies, respiratory therapy services. * By-report-code
EPSDT Supplemental Services	
Nursing Services through a HHA	
Z5832	EPSDT SS Registered Nurse (HHA): One Unit – one hour
Z5833	EPSDT SS Shared Nursing RN (HHA): One Unit – one hour
Z5834	EPSDT SS LVN (HHA): One Unit – one hour
Z5835	EPSDT SS Shared Nursing LVN (HHA): One Unit – one hour
Z5836	EPSDT SS RN Providing Supervision (HHA)
Z5838	EPSDT SS Home Health Aid (HHA): 1 Unit = 1hour

Miscellaneous	
Z5999	EPSDT SS Miscellaneous
Registered Dietitian	
Z5802	EPSDT SS Dietitian (RD): One Unit – 15 minutes
Individual Nurse Providers	
Z5804	EPSDT SS Registered Nurse Individual: One Unit – one hour
Z5805	EPSDT SS Shared Nursing RN Individual: One Unit – one hour
Z5840	EPSDT SS RN Providing Supervision
Z5806	EPSDT SS LVN Individual: One Unit – one hour
Z5807	EPSDT SS Shared Nursing LVN Individual: One Unit – one hour
Marriage Family Child Counselor	
Z5814	EPSDT SS Marriage Family Child Counselor: One Unit – one hour
Social Worker	
Z5816	EPSDT SS Social Worker: One Unit – one hour
Pediatric Day Health	
Z5868	EPSDT SS Pediatric Day Health
Occupational Therapy	The following 2 codes are not included in SCG 11
X4114	Home visit - add
X4116	Mileage per mile, one way beyond a 10-mile radius of office or usual hospital base
Physical Therapy	The following 2 codes are not included in SCG 11
X3932	Home visit - add
X3934	Mileage, per mile, one-way beyond 10 mile radius of point of origin (home or office)
Speech –Language Services	
X4300	Language evaluation
X4301	Speech evaluation
X4302	Speech-language therapy (group), each patient

X4303	Speech-language therapy, individual, per hour, (following procedures X4300 or X4301)
X4304	Speech-language therapy, individual, ½ hour
X4306	Out-of-office call (payable only for visits to the first patient receiving services at any given location on the same day)
X4320	Unlisted speech therapy services
Psychologist	
X9500	Individual, one-half hour
X9502	Individual, one hour
X9504	Individual, one and one-half hours (maximum)
X9506	Group therapy, per person, per session
X9508*	Family therapy, one hour, oldest family member
X9510*	Family therapy, one and one-half hours (maximum)
X9512*	Family therapy, each additional family member. *= The family therapy series (HCPCS codes X9508, X9510, or X9512) may be used only when the family therapy group is composed of at least two Medi-Cal-eligible family members.
Psychodiagnostic Services	
X9514	Test Administration, included pre-interview one complete hour
X9516	Test Administration, two complete hours
X9518	Test Administration, three complete hours
X9520	Test Administration, four complete hours
X9522	Test Administration, five complete hours
X9524	Test Administration, six complete hours (maximum)
X9526	Test Administration, partial hour, each 15 minutes
X9528	Group Test Administration, per person-over one, add
X9530	Test Scoring, one complete hour
X9532	Test Scoring, two complete hours (maximum)
X9534	Test Scoring, partial hour-each 15 minutes
X9536	Computer Scored Test, per test at computer-firm's usual charge up to maximum.

X9538	Written Test Report, when required, one complete hour
X9540	Written Test Report, two complete hours (maximum)
X9542	Written Test Report, partial hour-each 15 minutes
Related Psychology Services	
X9544	Case Conference, one half hour
X9546	Case Conference, one complete hour (maximum)
X9548	Out of office call, payable only for visits to the first client at any given location on the same day
X9550	Unlisted Services