

Partners for Children (PFC) Waiver



Partners for Children Waiver Overview

The purpose of this waiver is to provide pediatric palliative care services to children who have a CCS-eligible medical condition with a complex set of needs. Eligible children and their families will have the benefits of hospice-like care at home without limiting curative treatment. Unlike with hospice, eligible children will not need to be in the last six months of life to participate.

The waiver is based on the principle that if curative treatment is provided along with palliative care, there can be an effective continuum of care throughout the course of the medical condition.

The objective is to minimize the use of institutions, especially hospitals, and improve the quality of life for the participant and Family Unit (siblings, parent/legal guardian, and significant others).

PFC Services Available

The following services are available to children in PFC:

- **Care Coordination**
- **Expressive Therapies**
such as creative art, music, massage and play therapy
- **Family Training**
including: education and training on palliative care issues, care needs, treatments, and use of equipment
- **Respite Care**
both in-home and out of home
- **Bereavement Counseling**
for family and caregivers, as needed
- **Pain and Symptom Management**

PFC Referral Process

Many potentially eligible children will be identified at the special care center where they receive treatment or by a primary care physician. The provider may discuss the waiver with the family, give them the family flyer, and refer them, if interested, to the Nurse Liaison at the county CCS office (CCSNL).

Other potentially eligible children may be identified directly at the county CCS office by diagnosis. In this case, the CCSNL will contact the child/family to determine interest. If needed, the CCSNL will contact the child's physician to request any necessary medical documentation.

A child/family might also self-refer to the waiver, in which case they would call or come to the CCS office directly and the CCSNL will notify the appropriate physician(s) and request any needed medical documentation.

For referring physicians, there are two forms related to the waiver. The first is a PFC Referral Checklist that can be used to determine whether the child may be eligible for the waiver. This includes: Medi-Cal enrollment, county of residence, age, and medical condition. If after reviewing the child's information they meet all criteria, fill out the PFC Referral Form and attach appropriate medical reports.

Contact the CCS office in the child's county of residence and ask for the Nurse Liaison (CCSNL) assigned to the waiver. Fax or email, as requested, the form and reports to the CCSNL for a complete eligibility determination.

Enrollment

To enroll in PFC, the child and or parent will meet with the CCSNL to review the waiver in more detail, sign agreement and freedom of choice forms, and select a hospice or home health agency to provide PFC waiver services. The CCSNL will then contact the care coordinator at the selected agency to share information about the participant.

Special Requirements For Participants

The participant must:

1. Live in a waiver **county**

Participating Counties and Contact Numbers

Fresno	559-445-3300
Los Angeles	800-288-4584
Marin	415-473-6877
Monterey	831-755-4747
Orange	714-347-0300
San Diego	619-528-4000
San Francisco	415-575-5700
Santa Clara	408-793-6200
Santa Cruz	831-763-8900
Sonoma	707-565-4500

2. Be enrolled/eligible for full scope, no share of cost **Medi-Cal**
3. Be **under 21** years of age
4. Be expected to require at least **30 days** per year of hospitalization in the absence of waiver services (Level of Care criteria)
5. Have a **medical condition** represented on the following list:

Neoplasms ICD-9 Codes 140-208, 235-238, 239

- Neoplasm, Stage 3 or 4
- Any neoplasm not responding to conventional protocol (at least one relapse)
- Central nervous system tumors

Cardiac ICD-9 Codes 745, 746, 747.1, 747.2, 747.3, 747.4

- Major cardiac malformations for which surgical repair is not an option or awaiting surgery or transplant
- Severe anomalies of Aorta and/or Pulmonary Arteries
- Heart Failure ICD-9 Codes 428.0 - 428.99

Pulmonary

- Cystic Fibrosis with multiple hospitalizations or emergency department visits in the previous year ICD-9 Codes 277
- Pulmonary hypertension ICD-9 Codes 416.0 - 416.8
- Refractory pulmonary hypertension ICD-9 Code 416.0
- Pulmonary hemorrhage ICD-9 Codes 770.3, 786.31
- Chronic or severe respiratory failure ICD-9 Codes 518.81, 518.83, 518.84

Immune

- AIDS with multiple hospitalizations or emergency department visits in the previous year ICD-9 Code O42
- Severe Combined Immunodeficiency Disorder ICD-9 Code 279.2
- Other severe immunodeficiencies ICD-9 Codes 279

Gastrointestinal

- Chronic intestinal failure dependent on TPN ICD-9 Code 579.3
- Other severe gastrointestinal malformations ICD-9 Codes 751.1, 751.2, 751.3, 751.5
- Liver failure in cases in which transplant is not an option or awaiting transplant ICD-9 Codes 570, 572.8, 751.61

Renal

- Renal failure in cases in which dialysis or transplant are not an option, or awaiting transplant ICD-9 Codes 585.6, 586

Neurologic

- Holoprosencephaly or other severe brain malformations requiring ventilatory or alimentary support with at least four hospitalizations or emergency department visits in the previous year ICD-9 Code 742.2
- CNS injury with severe comorbidities ICD-9 Codes 851 - 854, 952
- Severe cerebral palsy/HIE with recurrent infections or difficult-to-control symptoms ICD-9 Codes 343, 768.7
- Batten Disease ICD-9 Code 330.1
- Severe neurologic sequelae of infectious disease or trauma ICD-9 Codes 323.6, 331.4, 342, 344, 851 - 854, 952

Metabolic

- Severe and progressive metabolic disorders including but not limited to: leukodystrophy, Tay-Sachs disease, and others with severe comorbidities ICD-9 Codes 330.0, 330.1, 330.8
- Mucopolysaccharidoses that meets Level of Care criteria below ICD-9 Code 277.5

Neuromuscular

- Muscular dystrophy requiring ventilatory assistance (at least nocturnal BiPAP) ICD-9 Codes 359.0, 359.1
- Spinal muscular atrophy, Type I or II ICD-9 Codes 335.0 - 335.19
- Other myopathy or neuropathy with severity that meets Level of Care criteria below ICD-9 Codes 334, 335.2, 335.8, 335.9, 336

Other conditions that meet Level of Care criteria (#4 on left panel), including but not limited to:

- Severe epidermolysis bullosa ICD-9 Code 757.39
- Severe osteogenesis imperfect ICD-9 Code 756.51
- Congenital infection with severe sequelae (e.g. CMV, HSV, toxoplasmosis) ICD-9 Codes 771.0, 771.1, 771.2
- Post-organ transplant with complications ICD-9 Code 996.8
- Other conditions will be given ICD 9 code on case by case basis