



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



EDMUND G. BROWN JR.  
GOVERNOR

October 17, 2011

PFC Program Notice: 11-02

**SUBJECT: EXPANSION OF MEDICAL ELIGIBILITY CRITERIA FOR PARTNERS FOR CHILDREN (PFC)**

The purpose of this Program Notice is to inform PFC Providers and participating County CCS staff of the expansion of medical diagnoses with which a child can be eligible to enroll in the PFC waiver.

## **BACKGROUND**

Partners for Children was implemented in 2009, as a program to provide a spectrum of supportive services, including care coordination, family training, respite, expressive therapies and bereavement, and starting in 2010, Pain and Symptom management, to children with life-threatening or life-limiting conditions. The PFC program has been of great value to participants but the number of participants has remained small, in part because of the restrictive medical eligibility.

The initial eligibility criteria were developed so that those most in need of palliative care would be able to enroll in PFC. During implementation, it became apparent that the criteria often excluded children who had conditions similar to those on the eligible list and would benefit from the palliative care services. Examples of this include children with congenital muscular dystrophy instead of Duchene's muscular dystrophy, and children with advanced cystic fibrosis who were not ventilator dependent. It also became apparent that there were many infants, children, and youth who had conditions not identified in the initial medical eligibility list who do meet the generally accepted criteria of those who would benefit from palliative care.

In order to develop a comprehensive list of life-threatening and life-limiting conditions for which palliative care services might be beneficial, input was obtained from local, state and national pediatric palliative care experts as well as physicians and agencies that have participated in PFC. In August 2011, the Centers for Medicare and Medicaid Services (CMS) approved an amendment to expand the medical eligibility criteria such that the PFC waiver would be open to any child with a life-threatening or life-limiting CCS-eligible condition who would benefit from the supportive palliative services offered by PFC.

The revised medical eligibility criteria require first that the child has a life-threatening or life-limiting CCS-eligible condition and second, that the child meets the Level of Care (LOC) in which the treating physician states that there is a reasonable possibility that the child will have a cumulative 30 inpatient days in the next 12 months.

## **POLICY**

The California Children's Services Nurse Liaison (CCSNL) plays a central role in the enrollment of appropriate infants, children, and youth into the PFC waiver. With the expanded medical eligibility, many children who meet the other program criteria and have a life-threatening or life-limiting CCS-eligible condition will now be eligible for PFC. The CCSNL may identify cases based on a referral form submitted by a referring physician, caregiver or potential client, or based on case-finding. Review of the medical condition is a major part of the eligibility determination, and includes determination that the condition described in the supporting documentation is CCS-eligible and life-threatening or life-limiting.

The approved expanded medical eligibility list attached to this program notice describes eligible diagnoses by organ system. Recognizing that no list could include all possible conditions, there is an "Other" category to include a child with a life-threatening or life-limiting CCS-eligible condition not on the list who meets the LOC.

## **POLICY ADMINISTRATION**

The CCSNL, after reviewing the CCS, financial and residential eligibility, the CCS Program shall determine whether the child has a medical condition on the attached list.

The CCSNL shall then determine whether the condition is life-threatening or life-limiting, based on the severity of the condition, the physician referral form, case notes and/or any other supporting documents that is submitted.

The CCSNL shall then determine whether there is a reasonable possibility that the child will have at least 30 inpatient hospital days in the next 12 months. This determination is based on a review of the referral form, the medical records supplied with the referral form, and the health care utilization of the child in the six to 12 months prior to the referral (if applicable).

The CCSNL may obtain assistance in making this medical eligibility determination from the County CCS Medical Consultant or from the State PFC Program physician.

PFC Program Notice 11-02  
Page 3  
October 17, 2011

The CCSNL shall document additional review of client records and eligibility determination in CMS Net case notes.

The CCSNL shall complete the revised Medical Eligibility/Level of Care form, including the diagnosis and the LOC box upon enrollment and annually.

If there are any questions about the content of this program notice, please contact the State CMS Pediatric Palliative Care team at 1-866-418-2933 or [ccsppc@dhcs.ca.gov](mailto:ccsppc@dhcs.ca.gov).

Sincerely,

**ORIGINAL SIGNED BY DR. DIMAND**

Robert Dimand, MD  
Chief Medical Officer  
Children's Medical Services

Attachment(s)

## Conditions eligible for Pediatric Palliative Care waiver

### 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 below, 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 non-listed conditions will be given ICD 9 code on case by case basis