



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



EDMUND G. BROWN JR.
GOVERNOR

October 7, 2011

N.L.: 06-1011

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

SUBJECT: AUTHORIZATION OF MEDICALLY NECESSARY CONCURRENT
TREATMENT SERVICES FOR CCS CLIENTS WHO ELECT HOSPICE
CARE

The purpose of this Numbered Letter (N.L.) is to provide policy guidelines and procedural direction on authorization of medically necessary services related to the child's CCS life-limiting condition for children who have elected hospice care.

Medically necessary treatment services may now be authorized for CCS clients under 21 years of age who have elected hospice care.

This change is in accordance with Section 2302 of the Patient Protection and Affordable Care Act (PPACA) issued on March 23, 2010.

BACKGROUND

With the enactment of the PPACA, Section 2302 of the law "Concurrent Care for Children", a child may receive medically necessary services care concurrently with hospice care. Section 2302 states: "*A voluntary election to have payment made for hospice care for a child (as defined by the State) shall not constitute a waiver of any rights of the child to be provided with, or to have payment made under this title for, services that are related to the treatment of the child's condition for which a diagnosis of terminal illness has been made.*" In State Medicaid Director letter 10-018 which provided clarification on this position, the Centers for Medicare and Medicaid Services stated that hospice services must be made available to children without foregoing other Medicaid services for treatment of the terminal condition and that all medically necessary curative services must be available even if the child elects hospice services, providing "a blended package of curative and palliative services."

Hospice care is available to any Medi-Cal beneficiary with a life-limiting condition and life expectancy of no more than six months. Prior to implementation of Section 2302 of PPACA, clients under 21 who enrolled in hospice agreed to forgo **curative/non-palliative** treatment of the condition that made

them eligible for hospice. Because of this, hospice was not a viable option for many eligible children. With concurrent care, a CCS client with a life expectancy of six months or less can enroll in hospice while continuing to receive curative/non-palliative services.

Curative services are defined as those given with the goal of long-term cure or disease free state of the child and are covered under Concurrent Care.

Palliative care is defined as an active approach to care which enhances quality of life and minimizes suffering through interdisciplinary services, including management of pain.

POLICY

The policy in this N.L. shall apply to all CCS clients with a certified life expectancy of six months or less, who have elected hospice care and have requested continuing treatment of the condition upon which their hospice eligibility is based.

1. **California Children's Services does not authorize the hospice benefit. For information on how families can access hospice care, please refer to <http://dhcs.ca.gov/services/ppc>**
2. Any client receiving curative/treatment services for a life-limiting condition shall be able to elect hospice care without waiving any medically necessary concurrent non-palliative services. Confirmation of hospice enrollment may be checked per MEDS data screen, which will show "900" in the "RESTRICT" field.
3. Non-palliative /treatment care services shall be prescribed by the CCS-paneled provider or SGC appropriate for the child's life-limiting condition.

POLICY IMPLEMENTATION

The following policy implementation guidelines are to be applied when reviewing treatment requests for the CCS eligible client under hospice care:

1. CCS Program eligibility shall continue during enrollment in hospice for the CCS eligible condition.
2. CCS shall authorize new and continuing medically necessary services intended to treat the CCS eligible condition and maintain the status of the child, except for palliative services including pain control,
3. CCS shall issue authorizations for medically necessary non-palliative/curative services to the appropriate SCC and/or CCS-paneled provider(s) even when the child has elected hospice care.

Numbered Letter 06-1011

Page 3

October 7, 2011

4. CCS shall include the appropriate Special Instruction on the SAR authorization, informing providers to disregard any message on the Election of Hospice form stating that the client is restricted to hospice services for the terminal condition.
5. Services that are palliative or do not meet CCS medical necessity criteria shall be the responsibility of the hospice.
6. Requests for authorization of services prior to the date of this N. L. retroactive to March 23, 2010 shall be reviewed for medical necessity only (Refer to N.L.: 02-0301).
7. Denial of any treatment service for the CCS eligible hospice client shall be reviewed by the CMS Chief Medical Officer.

For questions regarding this policy *and before denying any service for a CCS client enrolled in hospice*, please contact

CCSProgram@dhcs.ca.gov

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