

Essential Elements of Medi-Cal Palliative Care Services: Expanded Palliative Care Program Eligibility and Program Graduation or Disenrollment Criteria

This resource is part of “Section A: Define (or refine) the health care program” of the California Health Care Foundation publication *Essential Elements of Medi-Cal Palliative Care Services: Tips and Tools for Medi-Cal Managed Care Plans and Palliative Care Providers*.

Medi-Cal managed care plans and their palliative care provider partners shared information from their programs for this guide, including internal policies and procedures. CHCF is grateful for this leadership and willingness to contribute for the benefit of more people whose health and lives can be improved with high-quality palliative care.

Here, excerpts illustrate some of the ways Medi-Cal managed care plans (MCPs) have expanded eligibility beyond the requirements of the California Department of Health Care Services (DHCS), and how MCPs have defined graduation criteria.

The required four diagnostic categories are congestive heart failure, chronic obstructive pulmonary disease (COPD), advanced cancer, and liver disease. (“[Palliative Care](#)” [PDF], All-Plan Letter 18-020, DHCS, December 7, 2018.)

EXPANDED ELIGIBILITY

MCP 1

A member must have at least one of the five specified diseases, which are the four conditions listed in the APL and “progressive degenerative neurologic disorder (dependent on ventilator support).”

This MCP also allows additional members to qualify on a case-by-case basis:

“Other patients may be considered for the palliative care benefit on a case-by-case basis. Consideration will depend upon the patient’s functional status, pre-terminal condition and disease trajectory, hospital and emergency department utilization or the patient declining hospice services.”

A member must meet all criteria below:

- The member is likely to or has started to use the hospital or emergency department (ED) as a means to manage unanticipated decompensation in their late stage of illness.
- Member is in a late stage of illness and is not eligible for or declines hospice enrollment.
- The member’s death within a year would not be unexpected based on clinical status, as documented on the patient summary.
- Member has received maximum member-desired medical therapy, or treatment is no longer effective. Member should be evaluated in their best compensated state after receiving or being offered appropriate treatments to manage their underlying illnesses. Member is not in reversible acute decompensation.
- Patient has a Palliative Performance Scale or Karnofsky Performance Scale score of 70 or less, or an Eastern Cooperative Oncology Group (ECOG) score of 3 or 4.
- Member, and if applicable, family/patient-designated support person, agree to both of the following:
 - Willing to attempt in-home, residential, or outpatient disease management as recommended by the palliative care team instead of first going to the emergency department.
 - Willing to participate in advance care planning discussions.

MCP 2

- Members do not need to be terminal or forego curative treatment to qualify for the program.
- Diagnosis categories include but are not limited to cancer, organ failure, stroke, neurodegenerative disease, HIV/AIDS, dementia/Alzheimer's, frailty or advanced age, and/or multiple comorbidities.
- Members most likely to benefit from the program are typically in one or more of the following situations:
 - In remission, recovery from serious illness, or in the late stage of illness
 - Experiencing documented gaps in care including decline in health status and/or function
 - Using the hospital and/or ED to manage illness/late-stage disease
 - Members cannot be currently enrolled in hospice or have an illness that is primarily psychiatric or substance use disorder-related.

MCP 3

Additional diagnostic categories, in addition to the four required:

- Respiratory failure
- Short gut syndrome
- Immunodeficiency
- Dementia
- Progressive neurologic decline
- Other unspecified diagnosis with limited life expectancy.

PROGRAM GRADUATION OR DISENROLLMENT CRITERIA

Adult Disenrollment Criteria

Members who become eligible for Medicare post-enrollment may continue to receive services until the current treatment authorization request (TAR) expires or at which time they meet other specific disenrollment criteria as listed below.

- Member is not eligible for [OUR MCP] for more than 30 days.
- Member moves out of the service area.
- Member declines participation after enrollment.
- Member refuses to be contacted.
- Member cannot be reached or is lost to follow-up for 30 days.
- Member exhibits inappropriate or threatening behavior toward staff.
- Member poses a safety or security risk to staff, other patients, or clinic property.
- Member is deceased.
- Member is incarcerated for more than 30 days.
- Member enters a different equally intensive care management program.
- Member enters hospice.
- Member's condition stabilizes and/or is unlikely to meet one-year life expectancy criteria.

Consultation with [OUR MCP] palliative care team may be necessary in some cases.