

Essential Elements of Medi-Cal Palliative Care Services: Service Tiers and Additional Services

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.

EXAMPLES OF SERVICE TIERS

Managed Care Plan (MCP) 1

Community-Based Palliative Care, Levels of Care, and Frequencies

“We have three levels for our adult population. The levels are fluid, but most patients begin at Level 1 (the highest level of services) and remain there for approximately 3 months. Patients progress to level 2 or 3. However, if something changes, they will transition back to a higher level. *Example: If a patient is a Level 3 but is then hospitalized, they may be transitioned back to a Level 1 after being discharged from the hospital, to ensure they are stable.*”

Visit Frequencies

Provider visits:

Level 1 = One provider encounter per month

Level 2 = One provider encounter every two months

Level 3 = One provider encounter every three months

Nurses, social workers, and chaplains: Based on the assessment of patient need, expected frequency of encounters with the nurse, social worker, and/or chaplain can range from no less than one every two weeks to no less than one every six to eight weeks.

“These are based on their assessment and or whatever may be going on with the patient.”

Level 1 = No less than one encounter every two weeks

Level 2 = No less than one encounter every four weeks

Level 3 = No less than one encounter every six to eight weeks

MCP 2

1. Low-Acuity Tier

- a. Initial visit by MD/DO/NP
- b. Follow-up visit by NP/RN as needed
- c. Minimum two visits per month by licensed nurse (or every 14 days)
- d. Social worker and spiritual counselor visits once per month and as needed
- e. Minimum of one outbound call per week
- f. Access to 24-hour nursing on call, to include escalation to provider home visit if needed

2. High-Acuity Tier
 - a. Initial visit by MD/DO/NP
 - b. Follow-up visit by MD/DO/NP/RN as needed
 - c. Minimum one visit per week by licensed nurse
 - d. Minimum one social worker visit per month
 - e. Minimum one spiritual counselor visit per month, if desired by member
 - f. Access to 24-hour nursing on call to include escalation to provider home visit if needed

Plan of Care

Comprehensive individualized plan of care to include:

1. Pain and symptom management
2. Chronic disease management
3. Prescription medications by team or in communication with PCP
4. Identify the need for other appropriate therapies such as PT/OT, behavioral health

EXAMPLE OF EXPANDED SERVICES

The California Department of Health Care Services (DHCS) palliative care requirements for Medi-Cal managed care plans include seven required services. ("[Palliative Care](#)" [PDF], All-Plan Letter 18-020, DHCS, December 7, 2018.)

- Advance care planning
- Assessment and consultation
- Plan of care
- Care team
- Care coordination
- Pain and symptom management
- Mental health and medical social services

Some MCPs have added services to the minimum required. Around-the-clock phone access is the most common additional service among California MCPs, and is mentioned as an example of an optional additional service in the DHCS All-Plan Letter. Spiritual support is another common enhancement.

MCP 1

- Meal delivery and transportation in certain cases
- 24/7 access to care and support

MCP 2

- The patient will receive at least four visits per month (face-to-face and/or telephonic).
- Availability of a 24/7 nurse advice line to support the member.