

## Essential Elements of Medi-Cal Palliative Care Services: Palliative Care Program Fit with Related MCP Programs

This resource is part of “Section C: Develop (or optimize) MCP operations” 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.

During initial implementation of their palliative care programs, Medi-Cal managed care plans (MCPs) used a range of staffing models to meet the state's requirements for these services. Over time, some have found greater success with staff who are part of multiple health plan programs and can work directly with patients to help them access necessary services.

### MCP 1

“Our health plan organized our palliative care program through our Utilization Management team initially, which was a mistake. They are always so busy. We pivoted to staffing the program with people who can reach out to members and spend time with them on the phone. The staff do not have to be nurses and social workers, as long as they are trained well. A dedicated medical director is important, as a reliable expert for the team to discuss diagnoses and clinical needs.”

### MCP 2

“At first, we centralized the palliative care program to two staff members within our rather large health plan [instead of to a larger team who work in multiple health plan programs and services]. This made sense in the start-up phase when we had small numbers of members enrolled and were building the program and the relationships. We knew we would grow the program from there. What we could have done better was discuss and decide at the early stages how to decentralize the program as it grew. We could have used the right operational staff involved early in the development stages of the program, for smooth growth and integration into other programs for our members with serious illness and multiple health care and health support needs.”

### MCP 3

“We use data-informed design for our program to identify eligible patients, and from there we engage the range of our health plan departments in program operations, to connect the dots and manage referrals and services. We do the educational piece at the operations level, to make sure we are in alignment. When we get referrals, we know immediately who our case managers are [within our MCP], and they know who to call at the palliative care organization: ‘Who are the players? Who is the team?’”

### PALLIATIVE CARE PROVIDER of MCP 3

“With our Medi-Cal health plan partner, we work with their case managers. They are engaged with their health plan members and responsive to our staff. It took several years to find the pathway to the right team. We all want the same thing — to help those who need us. Now, the health plan’s care managers are sending more referrals our way, and we are enrolling more Medi-Cal patients in our services.”