

Introduction to Medi-Cal Palliative Care

This guide provides a quick reference for the Medi-Cal Palliative Care Program, focusing on the guidance for adult members. The information in this guide outlines the eligibility and service requirements as outlined by the Department of Health Care Services. Many plans have expanded eligibility and/or services for their palliative care programs, so ***please check with your plan's specific guidelines for their palliative care program.***

Key Resources:

- Video "[Introduction to Medi-Cal Palliative Care](#)"
- DHCS [website](#) on Medi-Cal Palliative Care

What is Palliative Care?

Palliative care is specialized medical care for people with serious illnesses. This type of care is focused on providing patients with relief from the symptoms, pain, and stress of a serious illness whatever the diagnosis.

The goal is to improve quality of life for both the patient and the family. Palliative care is provided by a team of doctors, nurses, and other specialists who work with a patient's other doctors to provide an extra layer of support. Palliative care is appropriate at any age and at any stage in a serious illness and can be provided together with curative treatment.

-Center to Advance Palliative Care

Who provides Medi-Cal Palliative Care?

Medi-Cal Palliative Care can be provided in a variety of settings, including, but not limited to, inpatient, outpatient, or community-based settings. Managed Care Plans (MCPs) may contract with hospitals, long-term care facilities, clinics, hospice agencies, home health agencies, and other types of community-based providers that include licensed clinical staff with experience and/or training in palliative care. DHCS recommends that MCPs use providers with current palliative care training and/or certification to conduct palliative care consultations or assessments.

Who qualifies for Medi-Cal Palliative Care?

To qualify for Medi-Cal Palliative Care, a member must meet BOTH general and disease-specific eligibility criteria.

GENERAL ELIGIBILITY CRITERIA:

- Likely to or has started to use the hospital or emergency department as a means to manage advanced disease
- Advanced illness (defined by at least one of the diseases listed below), with documentation of continued decline in health status
- Death within a year would not be unexpected based on clinical status
- Has either received appropriate patient-desired medical therapy, or such therapy would no longer be effective; the member is not in a reversible acute decompensation
- Not eligible for or declines hospice enrollment
- Member and (if applicable) family/member-designated support person agrees to:
 - Attempt residential/outpatient disease management instead of first going to the emergency department; and
 - Participate in advance care planning discussions

DISEASE-SPECIFIC ELIGIBILITY CRITERIA

A member must have at least one advanced illness as defined by the following:

Congestive Heart Failure (CHF)	<ul style="list-style-type: none">• The member is hospitalized due to CHF as the primary diagnosis with no further invasive interventions planned or meets criteria for the New York Heart Association's (NYHA) heart failure classification III or higher; and• The member has an ejection fraction of less than 30% for systolic failure or significant comorbidities.
Chronic Obstructive Pulmonary Disease (COPD)	<ul style="list-style-type: none">• The member has a forced expiratory volume 1 (FEV₁) of less than 35% of predicted and a 24-hour oxygen requirement of less than three liters per minute; or• The member has a 24-hour oxygen requirement of greater than or equal to three liters per minute.
End-Stage Liver Disease	<ul style="list-style-type: none">• The member has a stage III or IV solid organ cancer, lymphoma, or leukemia; and• The member has a Karnofsky Performance Scale score less than or equal to 70 or has failure of two lines of standard of care therapy (chemotherapy or radiation therapy).
Cancer	<ul style="list-style-type: none">• The member has evidence of irreversible liver damage, serum albumin less than 3.0, and international normalized ratio greater than 1.3, and<ul style="list-style-type: none">○ The member has ascites, subacute bacterial peritonitis, hepatic encephalopathy, hepatorenal syndrome, or recurrent esophageal varices; or○ The member has evidence of irreversible liver damage and has a Model for End Stage Liver Disease (MELD) score greater than 19

What services must be provided as part of Medi-Cal Palliative Care?

There are seven components that must be included as part of Medi-Cal Palliative Care:

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

Please see [DHCS APL 18-020](#) for specifics on each of the seven required components. Also check with your MCP to verify if any additional components are required in their palliative care program.

Credits

The Introducing Palliative Care Video Series and Supplemental Materials were developed by Anne Kinderman, MD, Clinical Professor of Medicine, University of California, San Francisco, for the Coalition for Compassionate Care of California. Funding for the project was generously provided by the California Health Care Foundation.