



Palliative Care Benefit – Provider FAQs

Effective January 1, 2018

WHICH PATIENTS ARE ELIGIBLE FOR PALLIATIVE CARE SERVICES?

There are general and disease specific criteria.

General criteria:

- Patient likely to/has started to use hospital or Emergency Department (ED) to manage advanced disease.
- Patient has advanced illness, with appropriate documentation of continued decline in health status, and not eligible for hospice.
- Patient eligible for but declines hospice.
- Clinician feels that patient's death within one (1) year would not be unexpected based on clinical status.
- Patient has either received appropriate patient-desired medical therapy or is a patient for whom patient-desired medical therapy is no longer effective.
- Patient is not in reversible acute decompensation.
- Patient, and if applicable, family/patient designated support person agrees to participate in Advance Care Planning discussions.

Disease specific criteria:

- Advanced Heart Failure ([NYHA class 3 OR EF <30%] + at least one (1) hospitalization in past six (6) months).
- Advanced COPD ([severely depressed FEV1 on PFT's OR 24-hour oxygen dependence] + at least one (1) hospitalization in past six (6) months).
- Advanced Liver Disease ([serum albumin <3, INR>1.3, ascites and one (1) or more complications including SBP, hepatic encephalopathy, hepatorenal syndrome, or esophageal varices or MELD score >19] + at least one (1) hospitalization in past six (6) months).
- Advanced Cancer (stage 3 or 4 solid organ cancer or lymphoma or leukemia + KPS score \leq 70. Please see Karnofsky Performance Status Scale worksheet).

HOW DO I REFER PATIENTS FOR PALLIATIVE CARE?

For new referrals/authorization requests:

- Please send a completed Palliative Care Prior Authorization form to the Alliance along with supporting documentation. To find the form, please visit:
www.alamedaalliance.org/providers/medical-management/palliative-care
- Alliance clinical staff will review the request for authorization to see if eligibility criteria are met.
- If the patient is eligible for services, the Alliance will refer the patient to a network provider for further review and enrollment, if appropriate.
- The Alliance will facilitate communication between the Primary Care Provider (PCP), specialty providers, and Palliative Care provider, as appropriate.

Note: Because this is a new Medi-Cal managed care benefit, there is currently a limited network of Alliance providers delivering these services. The Alliance is working on expanding its palliative care network.

WHAT SERVICES DO THE PALLIATIVE CARE PROVIDERS OFFER?

To qualify to be an SB 1004 Palliative Care provider, the provider must offer all of the following services (either directly or through contractual agreements):

1. Advance Care Planning
2. Palliative Care Assessment and Consultation
3. Plan of Care
4. Palliative Care Team
5. Care Coordination
6. Pain and Symptom Management
7. Mental Health and Medical Social Services (provision of medical social services shall not duplicate specialty mental health services (SMHS) provided by County Mental Health Plans (MHPs) and does not change the Alliance's responsibility for referring to, and coordinating with, county MHPs as delineated in APL 13-021.)

WHAT IF I HAVE QUESTIONS THAT AREN'T ADDRESSED HERE?

Please email any questions you have to: **PalliativeCare@alamedaalliance.org**

Questions? Email Alameda Alliance for Health
PalliativeCare@alamedaalliance.org
www.alamedaalliance.org

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