



Policy Number	UM-033
Policy Name	Palliative Care
Department Name	Utilization Management
Policy Owner	Director of Utilization Management
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- I. **POLICY:** CFMG will provide palliative care for members. Palliative care consists of patient and family centered care that optimizes quality of life by anticipating, preventing and treating suffering. The provision of palliative care does not result in the elimination or reduction of any covered benefits or services. Palliative care does not require the member to have a life expectancy of six months or less, and palliative care may be provided concurrently with curative care.
- A member under 21 years of age may be eligible for palliative care and hospice care concurrently with curative care.
- CFMG will post this P&P on the Provider Website so the Providers are informed of the process and can educate members about Palliative Care.
- II. **PROCEDURE:** CFMG will follow the Pediatric Palliative Care Eligibility Criteria:
- Must meet (a) and (b) listed below. Members under 21 years of age may be eligible for palliative care and hospice services concurrently with curative care.
- a. The family and/or legal guardian agree to the provision of pediatric palliative care services; and
 - b. There is documentation of a life-threatening diagnosis. This can include but is not limited to:
 1. Conditions for which curative treatment is possible, but may fail (e.g., advanced or progressive cancer or complex and severe congenital or acquired heart disease); or
 2. Conditions requiring intensive long-term treatment aimed at maintaining quality of life (e.g., human immunodeficiency virus infection, cystic fibrosis, or muscular dystrophy); or

3. Progressive conditions for which treatment is exclusively palliative after diagnosis (e.g., progressive metabolic disorders or severe forms of osteogenesis imperfecta); or

4. Conditions involving severe, non-progressive disability, or causing extreme vulnerability to health complications (e.g., extreme prematurity, severe neurologic sequelae of infectious disease or trauma, severe cerebral palsy with recurrent infection or difficult-to control symptoms).

If the member continues to meet the above minimum eligibility criteria or pediatric palliative care eligibility criteria, the member may continue to access both palliative care and curative care until the condition improves, stabilizes, or results in death. Managed Health Care Plans (MCPs) must have a process to identify members who are eligible for palliative care; including a provider referral process.¹³ MCPs must periodically assess the member for changes in the member's condition or palliative care needs. MCPs may discontinue palliative care that is no longer medically necessary or no longer reasonable.

For children who have an approved CCS-eligible condition, CCS remains responsible (in non-Whole Child Model counties) for medical treatment for the CCS-eligible condition and the MCP is responsible for the provision of palliative care services related to the CCS-eligible condition.