



310-TBD END OF LIFE CARE

INITIAL

EFFECTIVE DATE: 10/01/17

DESCRIPTION

End of Life (EOL) care is a member centered approach with the goal of preserving member rights and maintaining member dignity while receiving any other medically necessary Medicaid covered services. EOL care includes educating members and families about illness and treatment choices; to keep them healthy; and to afford them greater flexibility in deciding what his or her treatment course will be when faced with life limiting illness regardless of age or the stage of the illness. EOL care allows members to receive Advance Care Planning, palliative care, supportive care and hospice services. Members who receive EOL care can opt to receive curative care until they choose to receive hospice care. Providing both palliative and curative care concurrently positively impacts quality of care, as well as member and family satisfaction.

DEFINITIONS

Advance Care Planning: Advance care planning is a billable service that is a voluntary face-to-face discussion between a physician or other qualified health care professional and the member to: a) teach the member and his or her family about the member's illness and the health care options that are available to them; b) develop a written plan of care that identifies the member's choices for treatment; and c) share the member's wishes with family, friends, and his or her physicians.

End-of-Life Care: EOL care encompasses all health care and support services provided at any age or stage of an illness. The goals of End Of Life care focus on comfort and quality of life. Services include Advance Care Planning, palliative care, supportive care and hospice. Members who receive EOL care can opt to receive curative care until they choose to receive hospice care.

Hospice Services: Hospice is not a place, but a concept of care that can be provided anywhere. Hospice is a program of care and support for terminally ill members who meet the specified medical criteria/requirements. The focus of hospice is on comfort, not cure. Members must be willing to forego curative treatments. Hospice services include support to the family during the illness and after the member expires. Refer to AMPM Policy 310-J Hospice Services.

Palliative Care: Palliative care is medical care for members with a chronic, complex or terminal illness. It focuses on providing members with relief from symptoms and the stress of illness. The goal is to improve the quality of life for both the member and his or her families. It is appropriate at any age and any stage in the illness and can be provided in conjunction with curative treatment outside the context of hospice care.



Supportive Care: Supportive care is psychological, social, spiritual and practical support to improve the member's comfort and quality of life. Not all supportive care services are Medicaid covered services and may be provided through natural supports or community resources.

AMOUNT, DURATION AND SCOPE

Contractors shall ensure member autonomy, access to information, and choice. Refer to AMPM Chapter 900 and Chapter 1600 for member rights requirements.

Contractors shall ensure members with a chronic, complex or terminal illness receive medically necessary EOL care. EOL care services include:

1. Advance Care Planning
2. Palliative Care
3. Supportive Care
4. Hospice

Advance Care Planning

Contractors shall ensure providers have a face-to-face discussion with the member and persons designated by the member when conducting Advance Care Planning for the purpose of:

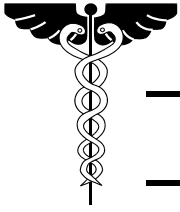
1. Teaching the member and his or her designee about the member's illness and the health care options that are available to the member;
2. Identifying the member's healthcare, social, psychological and spiritual needs;
3. Developing a written member centered plan of care that identifies the member's choices for care and treatment;
4. Sharing the member's wishes with family, friends, and his or her physicians; and
5. Completing Advance Directives. Refer to AMPM Policy 640.

Advance Care Planning is provided by provider types in the appropriate scope of practice. The provider may bill for providing Advance Care Planning separately during a well or sick visit.

Palliative Care

Contractors shall ensure members of any age with serious, chronic, or complex illnesses receive, in addition to treatment of his or her medical conditions, appropriate, medically necessary, member centered palliative care throughout the continuum of illness that includes:

1. Improved pain management
2. Behavioral health services
3. Supportive care
 - a. Coordination of natural supports
 - b. Referrals to meet the member and family's social needs,



- c. Referrals to the appropriate community resources for spiritual needs

Palliative care services are provided by a member's Primary Care Provider (PCP) or a specialist (physician, nurse practitioner, physician assistant) responsible for the members care.

Training

Contractors shall ensure providers, members, and Contractor staff are educated on EOL care. (Refer to AMPM Policy 1020, 1630 and ACOM Policy 404 and 415).

Network Adequacy

Contractors shall ensure an adequate network of providers who are trained to provide EOL care (Refer to ACOM Policy 415).

EPD YH18RFP-DRAFT