Engagement and Enrollment Process for Outpatient Palliative Care

Partnership does not require a Referral Authorization Form (RAF) from a primary care provider (PCP) to refer patients for palliative care services. A Treatment Authorization Request (TAR) will be required for all Palliative Care Services (engagement and enrollment) and should be faxed or electronically submitted from the palliative care provider to the Health Services Department for review, no less than once every six months, based upon medical necessity criteria and in accordance with Partnership policy MCUP3041 Treatment Authorization Request (TAR) Review Process. The TAR request for Palliative Care services must include, at a minimum, documentation and/or treatment plan addressing the following:

1. Advance Care Planning: includes discussions about advance directives and Physicians Authorization for Life Sustaining Treatment (POLST) forms. These discussions take place between a physician and other qualified healthcare professional and a Member, family member or surrogate in counseling. See also policy MPQP1038 Physician Orders for Life-Sustaining Treatment (POLST).

2. Assessment and Consultation: Palliative care assessment and consultation services may be provided at the same time as advanced care planning, or in subsequent patient conversations. The goal of the palliative care consultation is to collect both routine medical data and additional personal information not regularly included in a medical history or Health Risk Assessment. During an initial and/or subsequent palliative care consultation or assessment, topics may include but are not limited to:
   a) Treatment plans, including palliative care and curative care
   b) Pain control, medication side effects, symptom control
   c) Emotional and/or social challenges
   d) Spiritual concerns
   e) Patient goals
   f) Advance Directives, including POLST forms

3. Plan of Care: A plan of care should be developed with the engagement of the Member and/or their healthcare representative. If a Member already has a plan of care in place, that plan should be updated to reflect any changes resulting from the palliative care consultation. A Member's plan of care must include all authorized palliative care including, but not limited to, symptom management and curative care.

If a Member continues to meet the above minimum eligibility criteria, they may continue to access both palliative care services and curative care until the condition improves, stabilizes, or results in death. Partnership will review treatment plan notes with TAR submission to assess for changes in the Member's condition and continued palliative care needs. Partnership may discontinue palliative care for Members for whom palliative care is no longer medically necessary.