

## Palliative Care Contract Language

1. *Covered persons* must be eligible for expanded palliative care *benefits*.

To be eligible for the expanded palliative care benefits described in this section, a covered person must:

- Be diagnosed with an advanced, progressive illness including, but not limited to, the following: (a) advanced cardiac disease, including refractory CHF; (b) advanced pulmonary disease, including COPD, fibrosis, and recurring pneumonia; (c) oncologic disease progressing on first line therapy with a person choosing continued chemotherapy or radiation therapy; (d) chronic progressing neurological diseases that are difficult to prognosticate, such as but not limited to Parkinson's, ALS, or CVA; (e) dementia with functional assessment scores of less than level 7D and inclusive of levels 5 and 6; (f) liver or renal disease with symptomatology; and (g) symptomatic HIV infection with a sustained viral RNA greater than 75,000.
- Have chosen to receive expanded palliative care services.
- Exhibit a chronic, progressive condition with signs of advancement of illness, such as decline in functional status, pain or other symptoms that are not responding to standard treatment, or a physician would not be surprised if a person died from their illness in the next few years.
- Be referred by a physician to receive expanded palliative care services.
- Consent to participation in the Program by signing a written consent form or having such form signed by the person's representative.
- Unlike hospice patients, persons in the program may have a prognosis of greater than six months and remain eligible for curative treatments.
- Persons otherwise eligible to elect to enter a hospice program, but who do not feel ready or otherwise willing to do so, may participate in expanded palliative care services.

2. Discharge Criteria. A *covered person* will be discharged from Expanded Palliative Care Services if the person:

- Ceases to meet the eligibility criteria.
- Moves out of the service area.
- Is admitted to a hospice program.

3. Services to be provided:

Expanded palliative care services are provided through in person consultations with palliative care experts, and include telephone support available 24 hours, 7 days a week. Services include education about disease management and strategies for living with an advanced illness, advanced care planning, clarification of person and family goals, assistance with complex-decision making, pain and symptom management, emotional, psychosocial and spiritual support.

The palliative care team consists of registered nurses, social workers, and spiritual care coordinators (chaplains). Available services by the team include the following:

- Provision of ongoing assessment of the person's status, including, but not limited to, pain and symptom management, nursing interventions, medication management, ongoing evaluation of the effectiveness of interventions, patient/family education, communication and coordination with physicians and other health team members.
- Provision of counseling and supportive visits to assist the person and their family, which will include, but are not limited to, facilitating discussion of illness progression and encouraging active healthcare decision making; providing information about advanced directives; offering practical guidance (such

as, identifying appropriate community resources); and helping the person and their family work through their issues related to advancing illness.

- Provision of supportive visits to help the person and their family identify spiritual strengths to help them cope with illness progression, help link families to existing spiritual community support, and coordinate spiritual visits through the person's community-based faith resources.

Expanded palliative care services are provided to the *covered person* and their family, in a variety of settings including home, clinic, hospital or long term care setting, during the last few years of life.

Expanded palliative care services must be ordered by a physician and delivered by Allina Hospice and Palliative Care, which is a hospice organization licensed under the laws of the state of Minnesota.

A plan of care must be established and communicated by the designated palliative care program staff to the plan. To be eligible for coverage, expanded palliative care services must be consistent with the designated palliative care program's plan of care.

Expanded palliative care services are subject to a lifetime maximum benefit of \$XXX.XX per visit for each *covered person*. A *covered person* may withdraw at any time upon written notice to the expanded palliative care service provider.

The most appropriate section of this *plan* will apply for those services related to the treatment of a specific condition.

Many words used in this *plan* have special meanings. These words appear in italics and are defined in the section titled Definitions. Use these definitions to best understand this *plan*.

Services, supplies and associated expenses NOT covered:

1. Any care, service, or equipment covered more specifically under another section of this *plan*. For example, respite care and durable medical equipment are not covered under this expanded palliative care services *benefit*.
2. Companion or homemaker services.
3. Home health care and *skilled nursing facility services* when services are not consistent with the expanded palliative care services provider's plan of care.
4. Services not included in the expanded palliative care services provider's plan of care or provided by the provider's program.
5. Any services provided by a family member or friend, or individuals who are residents in the *covered person's* place of residence.
6. Services above and beyond the lifetime maximum *benefit*.
7. Additional exclusions from coverage are listed in the section titled Exclusions and apply to this section unless the services are specifically included in the expanded palliative care services provider's plan of care.