

Appendix #27

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David Cundiff

State of California - Health and Welfare Agency

Pete Wilson, Governor

DEPARTMENT OF HEALTH SERVICES

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DEC 13 1992

Jonathan B. Weisbuch, M.D., M.P.H.
Medical Director
County of Los Angeles
Department of Health Services
313 North Figueroa Street
Los Angeles, CA 90012

Dear Dr. Weisbuch:

This letter is written in follow-up to your October 2, 1992 letter to Virgil J. Toney, Chief, Medi-Cal Policy Division, and subsequent meeting with T. George Wilson, M.D., Chief, Medical Policy Section, concerning your proposal for palliative care services.

Dr. David Cundiff, Chief of Pain Service, Los Angeles County/ University of Southern California Medical Center (LAC/USC), has shared with my staff the elements of your proposal as outlined in his book, Euthanasia is Not the Answer-A Hospice Physician's View. In addition, Dr. Cundiff has provided my staff with a copy of his "Proposal For Acute Level Palliative Care Unit (PCU) Care Act HIV Health Services Planning Council". This information was reviewed by my staff, staff of the California Medical Assistance Commission and myself.

While the Medi-Cal Program can only reimburse for medically necessary services, specific approval by the Medi-Cal Program is not required in order to establish these services at LAC/USC or other Los Angeles County Hospitals. Determination of specific wards, staffing ratios, and professional services are matters of County administration under hospital licensure and certification requirements. Medi-Cal's primary concern is that Medi-Cal beneficiaries treated in such a unit require and receive only medically necessary, acute level services under any acute inpatient settings.

The subject proactive approach in identifying areas where significant cost savings can be achieved by both the County and the Medi-Cal Program is commended. However, the overall success of this proposal, in terms of cost savings and quality of care, will largely depend on the County's ability to establish the services that will be required beyond acute hospitalization. These would include the transition to traditional hospice as well as the availability of home health services. The County may want to consider the feasibility of becoming a separate provider for these services. This would allow the County greater flexibility in managing these cases without having to depend on other providers.

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Hopefully, these comments will be of assistance to the County in formulating a strategic plan for this palliative care proposal. Should you wish to discuss this matter further, please feel free to contact Darryl Nixon, Chief, Southern Field Operations Branch, at (213) 897-0745.

Sincerely,



Sally Lee, Chief
Medi-Cal Operations Division

cc: Mr. Robert C. Gates, Director
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bcc: Lorenza M. Valvo, R.N.
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