



Hospice Eligibility

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CHAPTERS
HEALTH® SYSTEM

GOOD SHEPHERD HOSPICE • LIFEPATH HOSPICE
HPH HOSPICE • HPH HOME HEALTH • PALLIATIVE CARE

Objectives

Identify who can make a hospice referral

Review hospice eligibility and disease-specific prognostic indicators

Review Open Access philosophy

Who Can Make A Referral To Hospice?

- Physicians
- Nurses
- Clergy
- Counselors
- Co-workers
- Family members
- Hospital discharge coordinators
- Friends
- Patient

Hospice Referral Process

To refer a patient for a LifePath Hospice eligibility assessment:

Call: 813-357-5769



Hospice Eligibility

- Patient's life expectancy limited to 6 months or less if disease progresses at its natural course
- Patient is no longer seeking curative treatment
- Pain, symptom management and quality of life is the patient and family goal of care
- Services provided based on medical need

Hospice Eligibility

- Requires patient terminal illness meet established medical indicators for admission & continued eligibility
- Medical indicators are used in hospice & are called Local Coverage Determinations (LCDs)
- These standards utilize the same language for all hospices to establish admission & continued eligibility

Disease Specific LCDs or Prognostic Indicators

1. Cardiopulmonary Disease
2. Human Immunodeficiency Virus (HIV)
3. Liver Disease
4. Alzheimer's and Related Disorders
5. Neurologic Disease
6. Amyotrophic Lateral Sclerosis (ALS)
7. Renal Disease
8. Cancer
9. Non-cancer/Generic (electronic version)

Cardiopulmonary Disease Eligibility

Cardiac Disease: Symptoms of CHF at rest, NYHA Class IV disease

Eligibility may be supported by:

- EF <20%
 - Optimally treated with diuretics and vasodilators (ACE inhibitors)

OR

- Ischemic symptoms (angina), arrhythmias resistant to treatment, syncope, CVA (embolic origin), history of cardiac arrest

Cardiopulmonary Disease Eligibility

Pulmonary Disease: Disabling dyspnea at rest (bed to chair; fatigue/cough)

Eligibility may be supported by:

- FEV1 <30% of predicted
- Progression of disease (increased ER visits or hospitalizations)
- Other: Cor pulmonale; O₂ sat <89% (on room air) or pCO₂ > 50 mm HG; weight loss > 10% 6 months, resting tachycardia



HIV Disease Eligibility

Eligibility may be supported by:

- CD4 count < 25 cells/mcL
- Viral load > 100,000 copies/ml
- Opportunistic diseases such as CNS lymphoma, cryptosporidium, PML, wasting (>33% body weight loss), MAC bacteremia, visceral KS, renal failure, AIDS dementia, toxoplasmosis, active hepatitis B or C
- Other: chronic diarrhea, albumin <2.5 gm/dl, substance abuse, age >50, no antiretrovirals, symptomatic CHF



Liver Disease Eligibility

Clinical indicator of Liver Disease: refractory ascites, spontaneous bacterial peritonitis, hepatorenal syndrome, recurrent variceal bleeding, hepatic encephalopathy

Eligibility may be supported by:

- Prolonged Prothrombin time (PT) >5 seconds over control or INR > 1.5 and serum albumin < 2.5 gm/dl
- Other: progressive malnutrition, muscle wasting, continued alcoholism, Hep B surface antigen positivity

Alzheimer's Disease and Related Disorders Eligibility

Functional Assessment Staging Scale
(FAST) 7 or greater

- Stage 7 includes: all stages of 6a-6d (urinary/fecal incontinence and ADLs assistance required)
 - 7A - speech limited to 6 words/day
 - 7B - speech limited to 1 word/day
 - 7C – ambulatory ability lost
 - 7D - unable to sit without assistance
 - 7E - unable to smile
 - 7F - unable to hold head up



Alzheimer's Disease and Related Disorders Eligibility

Eligibility may be supported by:

Secondary conditions:

Decubitus ulcers (stage 3-4), dysphagia, aspiration pneumonia, catheter induced UTI, contractures, weight loss > 10% in 6 months, albumin < 2.5 gm/dl

Comorbid conditions:

COPD, CHF, diabetes mellitus, osteoarthritis, Parkinson's disease, cerebrovascular disease, etc.



Neurologic Disorders

Eligibility

- The combined effects of the primary neurologic condition and identified comorbid conditions such that beneficiaries have a prognosis of 6 months or less
- Structural/functional impairments, together with activity limitations
- Use of International Classification of Functioning (ICF) to help identify unique needs of these individuals is recommended

Stroke and Coma Eligibility

- Palliative Performance Scale (PPS) 40 or <40 (mainly in bed, unable to work, mainly assist with self care, normal to reduced food/fluid intake, fully conscious or drowsy)
- Unable to maintain hydration or intake:

Eligibility supported by:

- weight loss 10% in 6 months; 7.5% in 3 months
- albumin < 2.5 gm/dl; creatinine > 1.5 mg/dl
- pulmonary aspiration
- Other: absent verbal response, absent withdrawal to pain, evidence of rapid decline or relevant comorbidity



Amyotrophic Lateral Sclerosis (ALS) Eligibility

- Sufficient clinical information including ICF (International Classification of Functioning, disability and health) to identify needs
- Secondary conditions: dysphagia, aspiration pneumonia, pressure ulcers, severe weakness
- Comorbid conditions: COPD, CHF, osteoarthritis, diabetes mellitus
- Together would have a prognosis of 6 months or less



Renal Disease Eligibility

Not seeking dialysis or transplant and eligibility supported by:

- Serum creatinine > 8 mg/dl or >6 mg/dl: diabetics
- Creatinine clearance < 10 ml/min or < 15 ml/min: diabetics
- Signs/symptoms of renal failure: uremia, oliguria (< 400 ml/day), hyperkalemia, uremic pericarditis, hepatorenal syndrome, fluid overload
 - *Comorbids*: cancer, lung/cardiac/liver disease, dementia, other vascular disease,
 - *Secondary*: anemia, hyperkalemia, electrolyte imbalances, hyperparathyroidism

Open Access Philosophy

- Increased time for advance care planning
- Earlier access to hospice services
- Collaborative relationships with community partners
- Expanded scope of services:
 - Inotropic therapy – case-by-case basis, short-term use for palliative/comfort
 - Blood Products - for palliative comfort, ease symptoms
 - Dialysis – palliative, not to exceed 1 month, PPS 50% or >
 - Chemotherapy– palliative, Clear POC, ECOG <3 or PPS > 50%
 - Radiation – standard 2D or 3D, palliative, clear POC
 - ** Cyberknife, brachytherapy, IMRT, IGRT are generally not used in hospice setting

References

CMS (Center for Medicare and Medicaid Services). Retrieved 5/22/2018 from <https://www.cms.gov/Regulations-and-Guidance/Legislation/CFC'sANDCoP's/Hospice.html>

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Centers for Medicare and Medicaid website www.cms.hhs.gov

Palmetto GBA website www.palmettogba.com