

Eligibility Toolkit



HOSPARUS
HEALTH[®]

800-264-0521 | HosparusHealth.org

The earlier you call, the more we can help.



HOSPARUS HEALTH®

Our goal in partnering with you is to help residents/patients live the rest of their lives as they wish, and to be comfortable physically, emotionally and spiritually.

We provide holistic care for the family as well as the resident/patient. Those who do not meet all the listed guidelines but have co-morbidities or evidence of decline may benefit from our services.

The earlier you call the more we can help.

Included tools:

- Eligibility guidelines
- How to make a referral
- Medical eligibility guidelines by disease
- Palliative Performance Scale (PPS) (Appendix A)
- Functional Staging (FAST) Scale (Appendix B)
- New York Heart Association Functional Classification (Appendix C)
- Hosparus Health site information

This toolkit is an informational guide to assist in recognizing prognostic indicators for possible hospice eligibility. This guide is based on clinical best practices from the Center for Medicare and Medicaid Services (CMS). Our aim in providing this information is to enhance the quality of life for these patients. ***The sooner hospice care is instituted the more we can do to meet the patient's and family's goals of care.*** These determinants are to be used as guidelines and do not take the place of a physician's clinical judgment.

ELIGIBILITY GUIDELINES

- Patients are eligible for Hosparus Health care if, in the physician's clinical judgement, they have a life expectancy of six months or less if the illness progresses as expected.
- Coverage for Hosparus Health care may still be appropriate for patients not meeting these guidelines because of co-morbidity or rapid decline.
- **Medical eligibility guidelines are not all inclusive and are only to be used as a guide.**
- If you feel a patient could benefit from Hosparus Health services, please call and let us help.

Many patients prefer to receive care in their home where they are most comfortable and in familiar surroundings. However, we offer services wherever a patient calls home such as a nursing home, assisted living facility, inpatient unit or any hospital in our service area.

HOW TO MAKE A REFERRAL

To provide a quick and efficient customer service response to you and your patients, please have the following information available:

- Patient's Full Name
- Date of Birth
- Room Number and/or address
- Social Security Number
- Contact Person and Phone Number (to schedule appointment)

Having this information allows us to generate the referral in our system and promptly communicate with the patient and family to schedule an appointment.

FOR YOUR EASE AND CONVENIENCE, REFERRALS ARE ACCEPTED:

- Online at www.HosparusHealth.org; click on "Healthcare Partners"
- By calling any of these Hosparus Health locations:
 - Barren River–Bowling Green: 270-782-7258
 - Barren River–Glasgow: 270-782-7258
 - Central Kentucky: 270-737-6300
 - Green River: 270-789-4247
 - Louisville: 502-456-6200
 - Indiana: 812-945-4596

COMMON INDICATORS IN END-OF-LIFE

- Disease progression that is not considered reversible
- Impaired nutritional status, such as weight loss >10% in past 6 months
- Frequent hospitalizations/emergency room visits
- Recurrent infections
- ADL (activities of daily living) changes
- Lack of response to treatment
- Progressive functional decline
- PPS* \leq 50%

*See Appendix A (pg. 15)

HEART DISEASE

The patient has:

- Poor response to optimal treatment with diuretics and vasodilators

(or)

- Angina pectoris at rest, resistant to standard nitrate therapy

(and)

- New York Heart Association* Class IV symptoms of CHF

Other supporting documentation:

- ejection fraction of 20% or less
(**NOT** required)
- treatment resistant symptomatic dysrhythmias
- hx of cardiac arrest or resuscitation
- hx of unexplained syncope
- brain embolism of cardiac origin

PULMONARY DISEASE

The patient has:

- Disabling dyspnea at rest or with minimal exertion despite bronchodilators

(and)

- Bed to chair existence, fatigue
- Increased office, ER visits or hospitalizations for pulmonary infections and/or exacerbations
- Hypoxemia at rest on room air O₂ sat < 88%, or PCO₂ ≥ 50mmHg

* See Appendix C (pg. 17)

ALZHEIMER'S / OTHER DEMENTIA

The patient has:

- FAST* Scale #7 (any level a - f) (Alzheimer's Only)
 - speech limited to ≤ 5 words/day

*see page 16 (Appendix B) for FAST Scale

(and)

- Co-morbid secondary conditions, such as:
 - a. symptomatic CHF or COPD
 - b. aspiration pneumonia
 - c. infection (UTI, septicemia)
 - d. delirium
 - e. stage 3-4 decubitus ulcers
 - f. 10% weight loss or serum albumin < 2.5 gm/dL
 - g. fever, recurrent after antibiotics

STROKE AND COMA

The patient has:

- Recent decline in functional status and/or significant change
- Dependence in 3 or more of the following:
 - bathing
 - transfers
 - dressing
 - toileting
 - feeding
- Recent weight loss or impaired nutritional status, serum albumin < 2.5 gm/dL, BMI < 22
- Pulmonary aspiration events

The patient has findings of:

- Acute hemorrhagic stroke evidenced by:
 - coma or persistent vegetative state, secondary to stroke, beyond 3 days duration
- (or)**
 - coma or severe obtundation, secondary to post anoxic stroke, accompanied by severe myoclonus
 - dysphagia, which prevents sufficient intake of food and fluids to sustain patient's life without artificial nutrition and hydration
- Chronic phase of hemorrhagic or ischemic stroke evidenced by:
 - post stroke dementia
 - poor functional status
 - poor nutritional status, with or without artificial nutrition, with 10% weight loss in previous 6 months or serum albumin ≤ 2.5 gm/dL

CHRONIC DEGENERATIVE NEUROLOGICAL DISEASE

The patient has:

- Rapid disease progression:
 - from independent to w/c or bed bound status
 - from normal to barely intelligible speech
 - with independence in most/all ADL's to needing major assistance

(and)

- Nutritional impairment
 - weight loss >10% in past 6 mos.
 - oral intake insufficient to sustain life
 - absence of artificial feeding methods
 - dysphagia

(or)

- Life-threatening complications
 - aspiration pneumonia
 - sepsis
 - stage 3 or 4 pressure ulcer

AMYOTROPHIC LATERAL SCLEROSIS (ALS)

The patient has:

- Critically impaired breathing
- Rapid progression of disease
- Critical nutritional impairment, weight loss >10% in past 6 mos., BMI \leq 22 kg/m²
- Life threatening complications
 - aspiration pneumonia
 - sepsis
 - stage 3 or 4 pressure ulcer

LIVER DISEASE

The patient has both:

- Serum Albumin \leq 2.5 gm/dL

(and)

- End-stage liver disease is present and at least one of the following:
 - ascites, refractory to treatment or patient non-compliant
 - spontaneous bacterial peritonitis
 - hepatic encephalopathy, refractory to treatment or patient non-compliant
 - recurrent variceal bleeding
 - hepatorenal syndrome with elevated BUN and creatinine with decreased urinary output

Other supporting documentation:

- progressive malnutrition
- muscle wasting with reduced strength and endurance
- continued active alcoholism
- hepatitis B positivity
- hepatocellular carcinoma
- hepatitis C refractory to treatment

*Patient awaiting liver transplant who otherwise fit the above criteria may be certified for the Hospice Medicare Benefit, but if a donor organ is procured, the patient must be discharged from hospice.

RENAL DISEASE

The chronic patient has:

- No desire for dialysis or kidney transplant
- Creatinine clearance or GFR $<$ 10cc/min ($<$ 15cc/min for diabetics)

(or)

- Elevated serum creatinine $>$ 8.0 mg/dL ($>$ 6.0 for diabetics)

(or)

- Is discontinuing dialysis

Supported by (but not required):

- cachexia
- urine output of $<$ 400cc/day
- uremia
- intractable fluid overload and/or massive edema

The acute patient has:

- Chronic lung disease
- Malignancy (of another organ system)
- Advanced heart disease
- Advanced liver disease
- Sepsis
- Immune suppressions
- Albumin \leq 3.5 gm/dL

CANCER

The patient has:

- Disease with distant metastasis, i.e., stage 4 disease
- Disease progression despite treatment
- Increased tumor burden
- PPS* \leq 60%
- Unintentional weight loss \geq 10% in 6 mos.

*See Appendix A (pg. 15)

HIV/AIDS

The patient has:

- CD4 count $<$ 25 cells/mcL
(or)
 - Persistent viral load $>$ 100,000 copies/mL
(and)
 - Co-morbid or secondary conditions such as:
 - CNS lymphoma
 - muscle wasting (loss of 30% of lean body mass)
 - systemic lymphoma
 - refractory Visceral Kaposi's sarcoma
 - Mycobacterium avium complex bacteremia untreated, unresponsive to treatment or refused
 - progressive multifocal leukoencephalopathy
 - renal failure in the absence of dialysis
 - refractory toxoplasmosis
- (with)
- Decreased performance status, as measured by the PPS* \leq 50%
 - Off antiretrovirals

Other supporting documentation:

- chronic, persistent diarrhea for one year
- persistent serum albumin \leq 2.5 gm/dL
- active substance abuse
- age \geq 50 years
- CHF, symptomatic at rest

*See Appendix A (pg. 15)

PALLIATIVE PERFORMANCE SCALE (v.2)

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%	Ambulation	Activity & Evidence of Disease	Self-Care	Intake	Conscious Level
100	Full	Normal Activity & Work No Evidence of Disease	Full	Normal	Full
90	Full	Normal Activity & Work Some Evidence of Disease	Full	Normal	Full
80	Full	Normal Activity with Effort Some Evidence of Disease	Full	Normal or Reduced	Full
70	Reduced	Unable Normal Job/Work Significant Disease	Full	Normal or Reduced	Full
60	Reduced	Unable Hobby/ House Work Significant Disease	Occasional Assistance Necessary	Normal or Reduced	Full or Confusion
50	Mainly Sit/Lie	Unable to Do Any Work Extensive Disease	Considerable Assistance Required	Normal or Reduced	Full or Confusion
40	Mainly In Bed	Unable to Do Most Activity Extensive Disease	Mainly Assistance	Normal or Reduced	Full or Drowsy +/- Confusion
30	Totally Bed Bound	Unable to Do Any Activity Extensive Disease	Total Care	Normal or Reduced	Full or Drowsy +/- Confusion
20	Totally Bed Bound	Unable to Do Any Activity Extensive Disease	Total Care	Minimal To Sips	Full or Drowsy +/- Confusion
10	Totally Bed Bound	Unable to Do Any Activity Extensive Disease	Total Care	Mouth Care Only	Drowsy or Coma +/- Confusion
0	Death	---	---	---	---

FUNCTIONAL ASSESSMENT STAGING (FAST)

Applicable to Alzheimer's Disease Only

**MUST BE FOLLOWED SEQUENTIALLY.
DO NOT SKIP STAGES.**

Stage 1 – Normal adult

No functional decline

Stage 2 – Normal older adult

Personal awareness of some functional decline

Stage 3 – Early Alzheimer's disease

Noticeable deficits in demanding job situations.

Stage 4 – Mild Alzheimer's

Requires assistance in complicated tasks such as handling finances, planning parties, etc.

Stage 5 – Moderate Alzheimer's

Requires assistance in choosing proper attire.

Stage 6 – Moderately severe Alzheimer's

Requires assistance dressing, bathing, and toileting. Experiences urinary and fecal incontinence.

Stage 7 – Severe Alzheimer's

Speech ability declines to about a half-dozen intelligible words. Progressive loss of abilities to walk, sit up, smile, and hold head up, (Reisberg, et al, 1988)

7A - In a course of an average day or in intensive interview, no consistently meaningful verbal communication, only stereotypical phrases, or ability to speak is limited to 6 or fewer intelligible words.

7B - In a course of an average day or an intensive interview, ability to speak is limited to the use of a single intelligible word which the patient may repeat over and over.

7C - Ability to ambulate without personal assistance is lost.

7D - Cannot sit up without assistance (patient will fall over if there are no lateral arm rests on the chair).

7E - Loss of ability to smile.

7F - Loss of ability to hold head up independently.

NEW YORK HEART ASSOCIATION FUNCTIONAL CLASS

The New York Heart Association functional class helps to classify congestive heart failure patients based on their symptoms.

Class I – No symptoms of heart failure

Class II – Symptoms of heart failure with moderate exertion such as ambulating 2 blocks or 2 flights of stairs

Class III – Symptoms of heart failure with minimal exertion such as ambulating 1 block or 1 flight of stairs, but no symptoms at rest

Class IV – Symptoms of heart failure at rest

HOSPARUS HEALTH LOCATIONS

TO MAKE A REFERRAL OR FOR MORE INFORMATION,
CALL 800-264-0521

Hosparus Health Barren River - Bowling Green

Service Area: Allen, Barren, Butler, Edmonson, Hart, Logan, Metcalfe, Monroe, Simpson and Warren counties
101 Riverwood Ave, Suite B, Bowling Green KY 42103
270-782-7258 · Fax 270-901-0843

Hosparus Health Barren River - Glasgow

Service Area: (same as Bowling Green)
1320 North Race St, Glasgow, KY 42141
270-782-7258 · Fax 270-901-0843

Hosparus Health Central Kentucky

Service Area: Breckinridge, Grayson, Hardin, LaRue and Meade counties
105 Diecks Dr, Elizabethtown KY 42701
270-737-6300 · Fax 270-737-4053

Hosparus Health Green River

Service Area: Adair, Green, Marion, Taylor and Washington counties
295 Campbellsville Bypass, Green River Plaza, Suite 5
PO Box 4134, Campbellsville KY 42719
270-789-4247 · Fax 270-789-4248

Hosparus Health Louisville

Service Area: Bullitt, Henry, Jefferson, Oldham, Shelby, Spencer and Trimble counties
3532 Ephraim McDowell Dr, Louisville KY 40205
502-719-4210 · Fax 502-458-2246

Hosparus Health Indiana

Service Area: Clark, Crawford, Dubois, Floyd, Harrison, Jefferson, Orange, Perry, Scott & Washington counties
502 Hausfeldt Ln, New Albany IN 47150
812-945-4596 · Fax 812-945-4733



HOSPARUS HEALTH[®]

Since 1978, Hosparus Health, a fully accredited non-profit hospice and palliative care organization, has provided medical care, grief counseling, pain management and much more for people facing serious and life-limiting illnesses in Kentucky and Indiana.



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