Patients should have at least one of the following:

- Heart Disease – CHF (Congestive Heart Failure)
- Lung Disease – COPD (Chronic Obstructive Pulmonary Disease)
- Renal Disease – even on dialysis
- Liver Disease
- Cancer – even if receiving active treatment such as radiation or chemotherapy.
- Progressive Neurological Diseases – ALS, Parkinson’s Disease
- Advanced Alzheimer’s Disease/Dementia
- Other Chronic Medical Condition

Eligibility will be verified upon referral.

- Univera Healthcare – All Plans
- BlueCross – All Local Plans - case by case evaluation for Federal Employee, out of area & Auto Workers Plans
- Independent Health – All plans except Self-Funded

Please contact us to inquire about insurance eligibility. Additional plans may also include palliative care coverage.

Patient must have at least one of the following:

1. Uncontrolled Symptoms
   - Nausea/Vomiting
   - Pain
   - Dyspnea
   - Anorexia
   - Other

2. Need for further goals of care discussions
   - Advanced Care Planning
   - Living Will
   - Health Care Proxy
   - MOLST/DNR

3. Repeated hospitalizations or emergency department visits
   - Desire to avoid hospitalizations/ER visits related to their chronic illness

Assistance Needed With

1. Case Management
   - Coordination of care between physicians, services, other agencies involved
   - Community resource referrals – transportation, food assistance, etc

2. Understanding of their health status
   - Disease Education
   - Treatments that are prescribed
   - Medication Review
   - Side effects of disease, treatments, medication
   - Access to a Registered Nurse (RN) 24 hours a day/7 days a week

Note: This referral form was created as a reference resource. Inquiries are reviewed on a case by case basis.
PATIENT REFERRAL PROCESS
For Home Connections Palliative Care Program

What’s Next?

First Step

Identify the patient who can benefit from services.

1a. Complete the front of this form
   - Patient Information
   - Practice Information
   - If possible please discuss referral with patient/family

1b. Contact Home Connections — Phone: 716.989.2475 / Fax: 716.901.0192*
   - Please include the following with the fax:
     - Front Page of the Form
     - Demographics/face sheet
     - Recent H&P
     - Recent Visit Note
     - Medication List
     - Labs - if available
     - Diagnostics (x-ray, CT, MRI, other imaging) - if available

*Home Connections will call you to confirm receipt of the information.

Next Steps

2. Home Connections will contact patient/family (within 24 business hours)
   - If Home Connections is unable to reach patient/family we will call referring office for alternate contact information

3. Home Connections will verify insurance coverage for patient
   - Notify insurance case manager (if required)
   - Obtain authorization (if required)
   - If patient does not have the Home Connections benefit Home Connections will contact referring office

4. Home Connections will arrange informational meeting with Home Connections RN
   - If patient is appropriate and interested in services
     - Patient will be admitted at this meeting
     - Home Connections RN will contact referring office
       - Inform that patient has been admitted
       - Review any medication changes/concerns/suggestions (if any)
       - Review any other concerns
   - If patient is not appropriate or not interested in services
     - Home Connections RN will contact referring office
       - Inform that patient was not appropriate or not interested in services
       - Alert office of any concerns.