Quick Reference Guide for Determining Hospice Eligibility
Dear Healthcare Provider:

You play an important role in providing your patients with information to help them make informed choices. As we counsel patients who are dealing with advanced and progressive chronic illnesses, we are faced with difficult discussions regarding goals of care. Deciding when to pursue a palliative approach to care is one of the most important decisions in which clinicians and patients participate.

The following “guidelines” are based on medical findings; however, decisions to admit patients to hospice are often not based on medical factors alone. Prognosis in individual cases will not always be exact; our guidelines are not meant to be strict criteria. Please use these “guidelines” to determine when to discuss care options with patients and families. Studies have shown that good hospice care can stabilize patients with non-cancer disease. If you have questions about a specific clinical situation, please call us so we can discuss how Hospice Buffalo can help.

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Hospice Access Department (716) 686-8000

The following guidelines excerpted from the Local Medical Review Policies/Local Coverage Determinations by Fiscal Intermediary: UGS; renewed 10/1/10.

Referrals: (716) 686-8000
Your patients may be eligible for hospice if they meet some or all of these guidelines.

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General End-Stage Disease Guidelines:

- Changes in clinical variables apply to patients whose decline is not considered reversible.
- Documented decline in functional status (Both of these should be met)
  - Assistance needed with at least 2 Activities of Daily Living (ADLs)
  - Decline in Palliative Performance Score (PPS) < 70 (as evidenced by reduced ambulation, inability to do normal work and normal or reduced intake.)*
    - except for HIV (PPS 50%) and Stroke/Coma (PPS 40%) guidelines*
- Decline in nutritional status (not due to reversible cause)
  - Unintentional progressive weight loss (10% over 6 months)
  - Serum albumin < 2.5 gm/dl
  - Dysphagia leading to recurrent aspiration and/or inadequate intake.
- Increasing ER visits, physician visits or hospitalizations related to the hospice primary diagnosis.
- Multiple co-morbidities.
- Desire for Palliative Care

*Refer to PPS table at the back of this tool.

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End-Stage Heart Disease

- Optimally treated with diuretics and vasodilators (Those who are not on vasodilators have a medical reason for refusing)
- New York Heart Association Class IV
  - Class III may be considered with co-morbidities
- Ejection Fraction ≤ 20% helpful (not necessary)

Supporting Documentation:
- Symptoms of recurrent HF at rest
- History of supraventricular or ventricular arrhythmias that are resistant to therapy
- History of cardiac arrest and resuscitation in any setting
- Persistent elevation in BNP
- Multiple hospitalizations for exacerbations
- Critical aortic stenosis, not a surgical candidate
- Desire for Palliative Care

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# New York Heart Association Functional Classification

<table>
<thead>
<tr>
<th>Class</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Class IV</td>
<td>Patients with cardiac disease resulting in inability to carry on any physical activity without discomfort. Symptoms of heart failure or of the anginal syndrome may be present even at rest. If any physical activity is undertaken, discomfort is increased.</td>
</tr>
<tr>
<td>Class III</td>
<td>Patients with marked limitation of physical activity. They are comfortable at rest. Less than ordinary activity causes fatigue, palpitation, dyspnea, or anginal pain.</td>
</tr>
<tr>
<td>Class II</td>
<td>Patients with cardiac disease resulting in slight limitation of physical activity. They are comfortable at rest. Ordinary physical activity results in fatigue, palpitation, dyspnea, or anginal pain.</td>
</tr>
<tr>
<td>Class I</td>
<td>Patients with cardiac disease, but without resulting limitation of physical activity. Ordinary physical activity does not cause undue fatigue, palpitation, dyspnea, or anginal pain.</td>
</tr>
</tbody>
</table>

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Amyotrophic Lateral Sclerosis (ALS)

- Two factors are critical in determining prognosis:
  1. Ability to breathe
  2. Ability to swallow
- Critically impaired breathing capacity as demonstrated by:
  - Vital capacity less than 30% of normal (if available)
  - Dyspnea at rest
  - Requiring supplemental oxygen at rest
  - Declines artificial ventilation; external ventilation for comfort measures only.
- Rapid progression of ALS as evidenced by:
  - Progression from independent ambulation to wheelchair to bed bound status
  - Progression from normal to barely intelligible or unintelligible speech
  - Progression from normal to pureed diet
  - Progression from independence in most or all ADLs to needing major assistance by caretaker in all ADLs
- Rapid progression of ALS and critical nutritional impairment
  - Continued weight loss
  - Absence of artificial feeding methods
  - Oral intake of nutrients and fluids insufficient to sustain life
  - Dehydration or hypovolemia
- Medical complications, such as pneumonia or sepsis
- Desire for Palliative Care

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**Stroke and Coma**

**Stroke**

- Karnofsky or Palliative Performance Scale of < 40% (as evidenced by individual mainly in bed, extensive disease, inability to do work, assistance with self-care and normal or reduced intake.)*

- Inability to maintain hydration and caloric intake with one of the following:
  - Weight loss > 10% in last 6 months or >7.5% in last 3 months
  - Serum albumin < 2.5 gm/dl
  - Current history of pulmonary aspiration, not responsive to speech language pathology intervention
  - Sequential calorie counts documenting inadequate caloric/fluid intake
  - Dysphagia severe enough to prevent patient from continuing fluids/food necessary to sustain life and patient does not receive artificial nutrition.

- Desire for Palliative Care

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Coma

• Any three of the following on day three of coma:
  • Abnormal brain stem response
  • Absent verbal response
  • Absent withdrawal response to pain
  • Serum creatinine > 1.5 mg/dl

• Documentation of the following support eligibility for hospice care:
  • Medical complications such as aspiration pneumonia, pyelonephritis, refractory stage 3-4 decubitus ulcers and/or fever recurrent after antibiotics.

• Desire for Palliative Care
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**Malignant Disease**

- Disease with distant metastasis at presentation OR
- Progression from an earlier stage of disease to metastatic disease with *EITHER*
  - Continued decline in spite of therapy
  - Patient declines further disease directed therapy
- Desire for Palliative Care

*Patients with cancers that have poor prognoses may be hospice eligible without fulfilling the other criteria in this section.*

Referrals: (716) 686-8000
End Stage Dementia

- Beyond Stage 7 of the Functional Assessment Staging Scale (FAST)*
- Unable to ambulate without assistance
- Unable to dress without assistance
- Unable to bathe properly
- Urinary or fecal incontinence
- Unable to speak or communicate meaningfully (6 or fewer intelligible words)
- Presence of medical complication within the past year.
  - Aspiration pneumonia
  - Upper urinary tract infection
  - Decubitus ulcers
  - Septicemia
  - Fevers recurrent after antibiotics
- Inability to maintain sufficient fluid and calorie intake with 10% weight loss in previous 6 months or serum albumin < 2.5 gm/dl.
- Desire for Palliative Care

This section is specific for Alzheimer’s Disease and related disorders.

*See the Fast Scale attached.

Referrals: (716) 686-8000
### Functional Assessment Staging

<table>
<thead>
<tr>
<th>Fast Stage</th>
<th>Functional Assessment</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>No difficulties, either subjectively or objectively</td>
</tr>
<tr>
<td>2</td>
<td>Complains of forgetting location of objects; subjective word finding difficulties only</td>
</tr>
<tr>
<td>3</td>
<td>Decreased job functioning evident to coworkers; difficulty in traveling to new locations. Decreased organizational capacity.</td>
</tr>
<tr>
<td>4</td>
<td>Decreased ability to perform complex tasks (e.g. planning dinner for guests; handling finances; marketing)</td>
</tr>
<tr>
<td>5</td>
<td>Requires assistance in choosing proper clothing for the season or occasion</td>
</tr>
<tr>
<td>6a</td>
<td>Difficulty putting clothing on properly without assistance</td>
</tr>
<tr>
<td>6b</td>
<td>Unable to bathe properly; difficulty adjusting water temperature</td>
</tr>
<tr>
<td>6c</td>
<td>Inability to handle mechanics of toileting (e.g. forgets to flush; doesn’t wipe properly)</td>
</tr>
<tr>
<td>6d</td>
<td>Urinary incontinence</td>
</tr>
<tr>
<td>6e</td>
<td>Fecal incontinence</td>
</tr>
</tbody>
</table>

### Eligibility for Hospice

| 7a         | Ability to speak limited to a half dozen intelligible words over a day |
| 7b         | Speech ability is limited to the use of single intelligible word in a day |
| 7c         | Ambulatory ability is lost |
| 7d         | Cannot sit up without assistance |
| 7e         | Loss of ability to smile |
| 7f         | Loss of ability to hold up head independently |

**Referrals: (716) 686-8000**
HIV Disease

The patient has:
• CD4+ count below 25 cells/mcL
  or
• Viral load (HIV RNA) > 100,000 copies/ml if they have elected to forego antiretroviral and prophylactic medication, and are nutritionally declining.
  and
• Decreasing performance status, as measured by KPS/PPS of 50% (as evidenced by mainly sit/lie, extensive disease, considerable assistance required and normal or reduced intake.)*
  and
At least one of the following:
• CNS Lymphoma
• Progressive multifocal leukoencephalopathy
• Cryptosporidiosis
• Wasting
• Mycobacterium avium complex (MAC) bacteremia untreated, unresponsive or treatment refused.
• Visceral Kaposi’s sarcoma unresponsive to therapy
• Renal failure, AIDS dementia
• Toxoplasmosis

Supporting Documentation:
Chronic persistent diarrhea, Congestive heart failure, symptomatic at rest, advanced AIDS dementia complex, albumin < 2.5 gm/dl., age > 50, concomitant substance abuse.
• Desire for Palliative Care

*Refer to PPS table at the back of this tool.

Referrals: (716) 686-8000
Liver Disease

- Prothrombin time prolonged more than 5 seconds over control, or International Normalized Ratio (INR) > 1.5
  
  and

- Serum albumin < 2.5 gm/dl.
  
  and

End stage liver disease with one or more of the following conditions:

- Ascites refractory to sodium restriction and diuretics, or patient non-compliant;

- Spontaneous bacterial peritonitis;

- Hepatorenal syndrome (elevated creatinine and BUN with oliguria (<440 ml/day) and urine sodium concentration <10 mEq/l);

- Hepatic encephalopathy;

- Recurrent variceal bleeding.

Supporting Documentation:
Progressive malnutrition, muscle wasting, continued active alcoholism, hepatocellular carcinoma, positive Hepatitis B and/or Hepatitis C refractory to treatment.

- Desire for Palliative Care

Referrals: (716) 686-8000
End Stage Pulmonary Disease

- Disabling dyspnea at rest, poorly or unresponsive to bronchodilators (Forced Expiratory Volume in One Second (FEV1) < 30% of predicted is objective evidence but not necessary to obtain);

  and

- Documented disease progression evidenced by increasing ER visits, hospitalizations, recurrent pulmonary infections, respiratory failure or increasing home visits by physician.

  and

- Hypoxemia at rest on supplemental oxygen
  - pO2 \( \leq 55 \) mm Hg
  - O2 saturation \( \leq 88 \% \)

  or

- Hypercapnia
  - pCO2 \( > 50 \) mm Hg

Other helpful indicators:
- Right heart failure/cor pulmonale
- Unintentional weight loss
- Resting tachycardia \( > 100 \) /min
- Desire for Palliative Care

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End Stage Renal Disease

- Acute Renal Failure
- Not seeking dialysis or renal transplant, or is discontinuing dialysis;
- Creatinine clearance GFR < 10 ml/min, < 15 ml/min with co-morbid diabetes and/or CHF
- Comorbid conditions
  - Mechanical ventilation
  - Malignancy (other organ system)
  - Chronic lung disease
  - Advanced cardiac or liver disease
  - Immunosuppression/AIDS
  - DIC
  - GI Bleeding
  - Cachexia
  - Albumin < 3.5 gm/dl
- Platelet count < 25,000
- Desire for palliative approach to care

Chronic Renal Failure
- Not seeking dialysis or renal transplant, or is discontinuing dialysis;
- Creatinine clearance GFR < 10 ml/min, < 15 ml/min with co-morbid diabetes and/or CHF

Signs and symptoms of renal failure:
- Desire for Palliative Care
- Uremia
- Oliguria (<400 cc/day)
- Intractable hyperkalemia (>7.0) not responsive to treatment
- Uremic pericarditis
- Hepatorenal syndrome
- Intractable fluid overload, not responsive to treatment.

Referrals: (716) 686-8000
Karnofsky Performance Status Score

The Karnofsky score, used as an indicator for hospice appropriateness, measures patient performance in activities of daily living.

<table>
<thead>
<tr>
<th>Score</th>
<th>Function</th>
</tr>
</thead>
<tbody>
<tr>
<td>100</td>
<td>Normal, no evidence of disease</td>
</tr>
<tr>
<td>90</td>
<td>Able to perform normal activity with only minor symptoms</td>
</tr>
<tr>
<td>80</td>
<td>Normal activity with effort, some symptoms</td>
</tr>
<tr>
<td>70</td>
<td>Able to care for self but unable to do normal activities</td>
</tr>
<tr>
<td>60</td>
<td>Requires occasional assistance, cares for most needs</td>
</tr>
<tr>
<td>50</td>
<td>Requires considerable assistance</td>
</tr>
<tr>
<td>40</td>
<td>Disabled, requires special assistance</td>
</tr>
<tr>
<td>30</td>
<td>Severely disabled</td>
</tr>
<tr>
<td>20</td>
<td>Very sick, requires active supportive treatment</td>
</tr>
<tr>
<td>10</td>
<td>Moribund</td>
</tr>
</tbody>
</table>

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<table>
<thead>
<tr>
<th>Palliative Performance Scale</th>
<th>Conscious Level</th>
<th>Intake</th>
<th>Self-Care</th>
</tr>
</thead>
<tbody>
<tr>
<td>Full</td>
<td>Normal</td>
<td>Normal</td>
<td>Full</td>
</tr>
<tr>
<td>Full</td>
<td>Normal or Reduced</td>
<td>Normal or Reduced</td>
<td>Full</td>
</tr>
<tr>
<td>Full</td>
<td>Normal or Reduced</td>
<td>Normal or Reduced</td>
<td>Occasional assistance necessary</td>
</tr>
<tr>
<td>Full</td>
<td>Normal or Reduced</td>
<td>Normal or Reduced</td>
<td>Considerable assistance required</td>
</tr>
<tr>
<td>Full</td>
<td>Full or Confusion</td>
<td>Full or Confusion</td>
<td>Mainly Assistance</td>
</tr>
<tr>
<td>Full</td>
<td>Full or Confusion</td>
<td>Full or Confusion</td>
<td>Total Care</td>
</tr>
<tr>
<td>Full</td>
<td>Full or Drowsy +/- Confusion</td>
<td>Full or Drowsy +/- Confusion</td>
<td>Total Care</td>
</tr>
<tr>
<td>Full</td>
<td>Full or Drowsy +/- Confusion</td>
<td>Full or Drowsy +/- Confusion</td>
<td>Total Care</td>
</tr>
<tr>
<td>Full</td>
<td>Full or Drowsy +/- Confusion</td>
<td>Full or Drowsy +/- Confusion</td>
<td>Total Care</td>
</tr>
<tr>
<td>Full</td>
<td>Drowsy or Coma +/- Confusion</td>
<td>Minimal to Sips</td>
<td>Mouth Care Only</td>
</tr>
<tr>
<td>Full</td>
<td>Drowsy or Coma +/- Confusion</td>
<td>Mouth Care Only</td>
<td>Total Care</td>
</tr>
<tr>
<td>Full</td>
<td>Drowsy or Coma +/- Confusion</td>
<td>Mouth Care Only</td>
<td>Total Care</td>
</tr>
<tr>
<td>PPS Level</td>
<td>Ambulation</td>
<td>Activity &amp; Evidence of Disease</td>
<td></td>
</tr>
<tr>
<td>-----------</td>
<td>------------</td>
<td>--------------------------------</td>
<td></td>
</tr>
<tr>
<td>100%</td>
<td>Full</td>
<td>Normal activity &amp; work</td>
<td></td>
</tr>
<tr>
<td>90%</td>
<td>Full</td>
<td>Normal activity &amp; work</td>
<td></td>
</tr>
<tr>
<td>80%</td>
<td>Full</td>
<td>Normal activity &amp; work</td>
<td></td>
</tr>
<tr>
<td>70%</td>
<td>Reduced</td>
<td>Normal activity &amp; work</td>
<td></td>
</tr>
<tr>
<td>60%</td>
<td>Reduced</td>
<td>Normal activity &amp; work</td>
<td></td>
</tr>
<tr>
<td>50%</td>
<td>Mainly</td>
<td>Normal activity &amp; work</td>
<td></td>
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<tr>
<td>40%</td>
<td>Mainly</td>
<td>Normal activity &amp; work</td>
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<tr>
<td>30%</td>
<td>Totally</td>
<td>Normal activity &amp; work</td>
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</tr>
<tr>
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<td>Totally</td>
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</tr>
<tr>
<td>10%</td>
<td>Totally</td>
<td>Normal activity &amp; work</td>
<td></td>
</tr>
<tr>
<td>0%</td>
<td>Totally</td>
<td>Normal activity &amp; work</td>
<td></td>
</tr>
</tbody>
</table>

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