



Palliative care services screening criteria for program participation

Member information		
Member name	Member ID#	
Date of birth	Evaluation date	
Referring party information		
Provider name	Organization name	
Address		
City	State	ZIP code
Phone number	Email	

For a plan member to be considered for participation in the Home-Based Palliative Care Program, the plan member must meet the following palliative care eligibility screening requirements.

Section 1:	Eligibility criteria for all members
<p>1.a. General eligibility criteria</p> <p>The member must meet all of the general eligibility criteria.</p> <p>(If the member is younger than 21 years old, also see Section 2 for broader pediatric eligibility criteria.)</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Is likely to, or has started to, use the hospital or emergency department as a means to manage the member's advanced disease; this refers to unanticipated decompensation and does not include elective procedures. <input type="checkbox"/> Has an advanced illness, as defined in Section 1.b below, with appropriate documentation of continued decline in health status, and is not eligible for or declines hospice enrollment. <input type="checkbox"/> Death within a year would not be unexpected based on clinical status. <input type="checkbox"/> Has received appropriate patient-desired medical therapy OR is a member for whom patient-desired medical therapy is no longer effective. The member is NOT in reversible acute decompensation. <input type="checkbox"/> The member and, if applicable, the family/member-designated support person, agrees to: <ul style="list-style-type: none"> o Attempt, as medically/clinically appropriate, in-home, residential-based, or outpatient disease management/palliative care instead of first going to the emergency department; and o Participate in Advance Care Planning discussions.
<p>1.b. Disease-specific eligibility criteria</p> <p>The member must meet at least one of the four disease-specific eligibility criteria.</p> <p>(If the member is younger than 21 years old, also see Section 2 for broader pediatric eligibility criteria.)</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Congestive heart failure (CHF): Must meet (a) AND (b) <ul style="list-style-type: none"> a. The member is hospitalized due to CHF as the primary diagnosis with no further invasive interventions planned OR meets criteria for the New York Heart Association's (NYHA) heart failure classification III or higher. b. The member has an ejection fraction of less than 30% for systolic failure OR significant co-morbidities. <input type="checkbox"/> Chronic obstructive pulmonary disease (COPD): Must meet (a) OR (b) <ul style="list-style-type: none"> a. The member has a forced expiratory volume (FEV) of 1 less than 35% of predicted AND a 24-hour oxygen requirement of less than 3 liters per minute. b. The member has a 24-hour oxygen requirement of greater than or equal to 3 liters per minute. <input type="checkbox"/> Advanced cancer: Must meet (a) AND (b) <ul style="list-style-type: none"> a. The member has a stage III or IV solid organ cancer, lymphoma, or leukemia. b. The member has a Karnofsky Performance Scale score less than or equal to 70% OR has failure of two lines of standard of care therapy (chemotherapy or radiation therapy).

<p>1.b. Disease-specific eligibility criteria (cont'd)</p>	<p><input type="checkbox"/> Liver disease: Must meet (a) AND (b) combined or (c) alone</p> <p>a. The member has evidence of irreversible liver damage, serum albumin less than 3.0, an international normalized ratio (INR) greater than 1.3.</p> <p>b. The member has ascites, subacute bacterial peritonitis, hepatic encephalopathy, hepatorenal syndrome, or recurrent esophageal varices.</p> <p>c. The member has evidence of irreversible liver damage and has a Model for End-Stage Liver Disease (MELD) score of greater than 19.</p> <p><input type="checkbox"/> Cerebral vascular accident/stroke:</p> <p>a. Inability to take oral nutrition, change in mental status, history of aspiration or aspiration pneumonia.</p> <p><input type="checkbox"/> Chronic kidney disease (CKD) or end-stage renal disease (ESRD).</p> <p><input type="checkbox"/> Severe dementia or Alzheimer's disease.</p> <p><input type="checkbox"/> Other (fill in): _____</p>
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If the member does not meet the above eligibility requirements and is younger than 21 years old, proceed to Section 2.

Section 2:	Pediatric palliative care eligibility criteria
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<p>2.a. General eligibility criteria</p> <p>The member must meet all the general eligibility criteria.</p>	<p><input type="checkbox"/> The member is under the age of 21.</p> <p><input type="checkbox"/> The family and/or legal guardian agrees to the provision of pediatric palliative care services.</p>
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<p>2.b. Disease-specific eligibility criteria:</p> <p>The member must meet at least one of the four life-threatening diagnosis criteria.</p>	<p><input type="checkbox"/> Conditions for which curative treatment is possible, but may fail (e.g., advanced or progressive cancer or complex and severe congenital or acquired heart disease).</p> <p><input type="checkbox"/> Conditions requiring intensive long-term treatment aimed at maintaining quality of life (e.g., human immunodeficiency virus infection, cystic fibrosis, or muscular dystrophy).</p> <p><input type="checkbox"/> Progressive conditions for which treatment is exclusively palliative after diagnosis (e.g., progressive metabolic disorders or severe forms of osteogenesis imperfecta).</p> <p><input type="checkbox"/> Conditions involving severe, non-progressive disability, or causing extreme vulnerability to health complications (e.g., extreme prematurity, severe neurologic sequelae of infectious disease or trauma, severe cerebral palsy with recurrent infection or difficult-to-control symptoms).</p>
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Servicing provider	Home-Based Palliative Care Program status
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<p>Indicate member program status:</p>	<p><input type="checkbox"/> Member is enrolled in the program. <i>(Enter enrollment date):</i> _____</p> <p><input type="checkbox"/> Member did not agree to enroll in the program.</p> <p><input type="checkbox"/> Member did not qualify for enrollment in the program.</p> <p><input type="checkbox"/> Member enrolled in hospice.</p>
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PCP/Specialist	
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I am referring the member to Blue Shield of California for a full Palliative Care Service Evaluation.