

Palliative care services recertification tool

Member Information	
Member name:	Member ID #:
Date of birth:	Date of enrollment:
Provider:	Current recertification date:
Provider signature:	Next recertification date:
Guidelines The respectification form must be completed by M	D ND or DA involved in the member's care

The recertification form must be completed by MD, NP, or PA involved in the member's care. The member's recertification for BSC's Palliative Care Program is required every six months upon admission to the program. The form should be submitted up to 15 days before the end of the six-month enrollment period or no later than 2 business days after the start of the next enrollment period. The form shall be sent to **bscpalliativecare@blueshieldca.com** for review.

Failure to comply with this requirement may result in corrective action, up to and including contract termination.

Please complete all sections below

Section 1: Eligibility criteria for all members 1.a. General \square Is likely to, or has started to, use the hospital or emergency department eligibility criteria: to manage the member's advanced disease; this refers to unanticipated decompensation and does not include elective procedures. The member must meet all the \square 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 general eligibility criteria. declines hospice enrollment. ☐ Death within a year would not be unexpected based on clinical status. ☐ 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 decomposition. \square The member and, if applicable, the family/member-designated support person, agrees to: · Attempt, as medically/clinically appropriate, in-home, residential-based, or outpatient disease management/palliative care instead of first going to the emergency department; and Participate in Advance Care Planning discussions. 1.b. Disease-specific Congestive heart failure (CHF): Must meet (a) AND (b) eligibility criteria: a. Meets criteria for the New York Heart Association's (NYHA) heart failure The member must classification III or higher. meet at least one b. The member has an ejection fraction of less than 30 percent for systolic failure of the four disease-OR significant co-morbidities. specific eligibility ☐ Chronic obstructive pulmonary disease (COPD): Must meet (a) OR (b) criteria. a. The member has a forced expiratory volume (FEV) of 1 less than 35 percent of predicted AND a 24-hour oxygen requirement of fewer than three liters per minute. b. The member has a 24-hour oxygen requirement of greater than or equal to three (3) liters per minute.

1.b. (continued)	□ Advanced cancer: Must meet (a) AND (b)	
	a. The member has stage III or IV solid organ cancer, lymphoma, or leukemia.	
	 The member has a Karnofsky Performance Scale score less than or equal to 70 percent OR has failure of two lines of standard of care therapy (chemotherapy or radiation therapy). 	
	□ Liver disease: Must meet (a) AND (b) combined or (c) alone	
	 a. The member has evidence of irreversible liver damage, serum albumin less than 3.0, and international normalized ratio (INR) greater than 1.3. 	
	 b. The member has ascites, subacute bacterial peritonitis, hepatic encephalopathy, hepatorenal syndrome, or recurrent esophageal varices. 	
	 The member has evidence of irreversible liver damage and has a Model for End-Stage Liver Disease (MELD) score of greater than 19. 	
	☐ Cerebral vascular accident/stroke:	
	 Inability to take oral nutrition, change in mental status, history of aspiration or aspiration pneumonia. 	
	\square Chronic kidney disease (CKD) or end stage renal disease (ESRD).	
	\square Severe dementia or alzheimer's disease.	
	□ Other (Fill in):	
2. Please provide a brief narrative	Please provide information that describes findings that support continued enrollment into the program; please include the following in the narrative, update on medical, psychosocial, spiritual needs; the member's acuity; frequency of visits and how the member is still benefiting from the program.	
Section 2	Pediatric palliative care eligibility criteria	
2.a. General eligibility criteria: The member must meet all the general eligibility criteria.	 □ The member is under the age of 21. □ The family and/or legal guardian agrees to the provision of pediatric palliative care services. 	
2.b. Disease-specific eligibility criteria:	☐ 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).	
The member must meet at least one of the four life-threatening diagnosis criteria.	□ Conditions requiring intensive long-term treatment aimed at maintaining quality of life (e.g., human immunodeficiency virus infection, cystic fibrosis, or muscular dystrophy).	
	\square Progressive conditions for which treatment is exclusively palliative after diagnosis	
	(e.g., progressive metabolic disorders or severe forms of osteogenesis imperfecta).	

Please provide a brief narrative that describes findings that support continued enrollment into the program.		
Section 3	Brief narrative	