



## APPENDIX A

### Certification of Advanced Disease:

Name: \_\_\_\_\_

DOB: \_\_\_\_\_

Member ID: \_\_\_\_\_

Name of Palliative Care Program: \_\_\_\_\_

#### **A. General criteria:** Check each of the following that apply (**All** needed for eligibility).

- Patient who is likely to or has started to use the hospital and/or emergency room as a means to manage their advanced stage disease.
- Patient is in the advanced stage of illness with continued decline in health, and is not eligible or declines hospice.
- Patient may be receiving appropriate patient-desired medical therapy, OR for whom patient-desired medical therapy is no longer curative, OR is intolerant/ declines further medical therapy, OR decompensates due to severe non-compliance.
- Patient's death within two (2) years would not be unexpected based on clinical status.
- Patients and, if applicable, family/patient-designated support person agree to both of the following:
  - a. Willing to attempt, as medically appropriate, in-home, residential-based, or outpatient disease management/palliative care instead of first going to the emergency department AND
  - b. May be willing to participate in Advance Care Planning discussions.

#### **B. In addition, one of the following diagnoses must be selected, and associated severity criteria met:**

##### 1. Congestive Heart Failure (CHF)

- Any patient who is hospitalized due to CHF as the primary diagnosis

OR

- NYHA III classification or higher (definition of NYHA III: Patients with cardiac disease resulting in marked limitation of physical activity. They are comfortable at rest. Less than ordinary activity causes fatigue, palpitation, dyspnea or anginal pain.)

AND one of the following:

- Ejection Fraction < 30 for systolic failure
- Significant comorbidities: e.g. renal disease, diabetes, dementia, or poor biomarkers including rising BNP, pro-BNP, hsCRP, BUN/Creatinine (patient is in their best compensated state), and CAD.

**2. Chronic Pulmonary Disease (e.g. COPD, Cystic Fibrosis, Pulmonary Fibrosis):**

- Severe airflow obstruction: FEV1 < 35 % predicted AND 24-hour oxygen requirement

OR

- 24-hour oxygen requirement of greater than or equal to three liters/minute

**3. Advanced Cancer:**

- Any Stage III or IV cancer, or locally advanced or metastatic cancer, leukemia or lymphoma

AND one of the following:

- Palliative Performance Scale (PPS) score < or equal to 70% (PPS 70% = Cares for self; unable to carry on normal activity or do active work)
- Failing two lines of standard of care therapy (chemotherapy or radiation therapy)
- Patient is not a candidate for or declines further disease-directed therapy

**4. Liver Disease:**

Irreversible Liver Damage as evidenced by one of the following:

- Ascites
- Subacute (spontaneous) bacterial peritonitis
- Hepatic encephalopathy
- Hepatorenal syndrome
- Recurrent esophageal bleeds
- Model for End-Stage Liver Disease (MELD) score of greater than 19

To calculate MELD Score:

<https://optn.transplant.hrsa.gov/resources/allocation-calculators/meld-calculator/>  
**Meld Score:**\_\_\_\_\_

**5. End Stage Renal Disease:**

- GFR < 15

AND

- Patient refusing dialysis, has poor compliance

OR

- Declining status with multiple other advanced co-morbidities, such as CHF, ESKD, COPD

**6. Dementia:**

- Functional Assessment Staging Scale (FASS) score of 5 with high risk of using the hospital to manage their disease with documentation of reason for high risk status:

OR

- FASS 6 to 7

OR

Any patient with diagnosis of dementia who has been institutionalized or required hospitalization primarily due to their dementia, plus

Had an appropriate metabolic workup (CMP, Thyroid Function Tests, B12) and neuro-imaging (or documented refusal)

**7. Neurodegenerative Disease (e.g. Parkinson's, ALS, Multiple Sclerosis):**

- Impaired breathing capacity requiring oxygen

OR

- Rapid disease progression as evidenced by decline in ambulation status from independent to wheelchair/ bed bound, or decline in speech to unintelligible, or decline in oral intake to pureed foods, or decline in ADLs to requiring mod/max assistance

AND

- Nutritional impairment associated with weight loss

OR

- Life threatening complication event in past 12 months such as aspiration pneumonia, sepsis, stage 3 or 4 pressure ulcers



**8. AIDS:**

- Palliative Performance Scale (PPS)  $\leq$  50%

AND

- CD4 cell count  $<$  25 or viral load  $>$  100,000 WITH either non-compliance, refusal, intolerance, failure, or resistance to antiretroviral therapy

AND

- Presence of ANY of the following:
  1. Opportunistic infections (e.g. multidrug-resistant M. tuberculosis, MAC, CMV, Cryptosporidium, Toxoplasmosis, Progressive Multifocal Leukoencephalopathy)
  2. AIDs related malignancy (e.g. Non-Hodgkin’s or CNS lymphoma, visceral Kaposi’s sarcoma)
  3. HIV-associated dementia
  4. HIV wasting syndrome ( $>$ 10% unintentional weight loss over 12 months, 33% loss of lean body mass or BMI  $<$  20)
  5. Declining status with presence of multiple co-morbidities (e.g. advanced liver disease, CHF, ESRD)

**9. Other advanced illness (psychiatric or substance abuse related diagnoses are excluded as primary qualifying diagnoses for program):**

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**ICD-10:** \_\_\_\_\_

**Clinical documentation supporting the patient is late stage of disease:**

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**C. Program acuity type:**

- Low
- High - requires clinical justification – criteria includes:
  - ACG score = CCM level and PHU > 50%
  - More than 2 inpatient admissions in the past 3 months
  - More than 3 ER visits in the past 3 months
  - Palliative Performance Scale (PPSv2) 60% or less
  - Presence of co-morbid uncontrolled significant mental health disorder (e.g. Bipolar, Schizophrenia) and marked with poor functionality (Global Assessment of Functioning scale (GAF) <= 50)
  - Homeless or poor social support
  - Co-morbid active alcohol and/or drug abuse

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Provider Signature

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Date