

# HOSPICE ELIGIBILITY

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*a resource for physicians and health care providers*



## The essence of hospice eligibility is limited prognosis due to advanced disease. To be considered eligible for hospice care:

- The patient must have a life-limiting diagnosis (*or diagnoses*).
- One of the patient's diagnoses must render him or her terminally ill. Terminal illness means that if the life-limiting disease runs its typical course, it is likely the patient will survive 6 months or less.

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**To order free brochures:** Contact your Alive Hospice Outreach Liaison or call 615-327-1085, or Toll Free: 800-327-1085.

**For questions about Eligibility, Admissions, and Referrals call 615-250-1348.**

**For complete resources for Advance Care Planning visit [thegiftinitiative.org](http://thegiftinitiative.org):**  
All the Advance Care Planning documents needed in a downloadable packet.

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# About Hospice Eligibility

Regulations require two certifications of terminal prognosis, which are commonly provided by the attending physician and a hospice physician. Sometimes patients and families choose a hospice physician(s) to serve as their attending physician.

**Treatments aimed at life extension are forgone while receiving hospice care, but treatments that are palliative can be continued or initiated. Treatments are approved on a case-by-case basis.**

The patient or proxy needs to be emotionally ready to choose care that is aimed at palliation, symptom control, achieving peace, and maintaining a focus on living life meaningfully with a life-limiting illness.

The patient or proxy must sign an election form choosing this palliative approach to care.

Many clinicians use the “surprise question” to guide the decision about when to refer a patient to hospice care. The “surprise question” gets to the essence of prognosis for hospice eligibility: “Would you be surprised if this patient died in the next six months?” If, in your best clinical judgment, the answer to this question is “No,” then it is appropriate to consider hospice for your patient.

One helpful, quick, and easy-to-administer prognostic tool for assessing hospice eligibility, regardless of diagnosis, is the **Palliative Performance Scale (PPS)**, a measure of global functional status. Patients who score 50% or below on the PPS are very likely to be eligible for hospice care.

**These FREE educational brochures by Alive will help patients and their families make fully-informed decisions regarding end-of-life care – *and will prepare your staff for these conversations.***

- 10 Things That May Surprise You About Hospice Care
- Disease specific brochures for oncology, heart disease, and pulmonary disease
- Advance Care Planning Kit

# Palliative Performance Scale (PPS)

a measure of global functional status

PPS Level	Ambulation	Activity & Evidence of Disease	Self-Care	Intake	Conscious Level
100%	Full	Normal activity & work No evidence of disease	Full	Normal	Full
90%	Full	Normal activity & work Some evidence of disease	Full	Normal or reduced	Full
80%	Full	Normal activity with effort Some evidence of disease	Full	Normal or reduced	Full
70%	Reduced	Unable normal job/work Significant Disease	Full	Normal or reduced	Full or Confusion
60%	Reduced	Unable hobby/house work Significant Disease	Occasional assistance necessary	Normal or reduced	Full or Confusion
50%	Mainly Sit/ Lie	Unable to do any work Extensive disease	Considerable assistance required	Normal or reduced	Full or Drowsy +/- Confusion
40%	Mainly in Bed	Unable to do most activity Extensive Disease	Mainly assistance	Normal or reduced	Full or Drowsy +/- Confusion
30%	Totally Bed Bound	Unable to do any activity Extensive disease	Total Care	Normal or reduced	Full or Drowsy +/- Confusion
20%	Totally Bed Bound	Unable to do any activity Extensive disease	Total Care	Minimal to sips	Full or Drowsy +/- Confusion
10%	Totally Bed Bound	Unable to do any activity Extensive disease	Total Care	Mouth care only	Drowsy or Coma +/- Confusion
0%	Death	N/A	N/A	N/A	N/A

► Patients who score 50% or below on the PPS are very likely to be eligible for hospice care.

# FAST Scale (Alzheimer's)

The FAST Scale (*Functional Assessment Staging Test, Reisberg 1988*) is a 16-item scale designed to parallel the progressive activity limitations associated with Alzheimer's disease. Stage 7 identifies the threshold of activity limitation that would support a six-month prognosis; however all sub-stage FAST Scale indicators under stage 7 must be present. The FAST Scale does not address the impact of co-morbid or secondary conditions.

**To be eligible for hospice, beneficiaries with Alzheimer's disease must have a FAST scale of greater than or equal to 7c. FAST Scale items:**

**Stage 1:** No difficulty, either subjectively or objectively

**Stage 2:** Complains of forgetting location of objects; subjective work difficulties

**Stage 3:** Decreased job functioning evident to coworkers; difficulty traveling to new locations

**Stage 4:** Decreased ability to perform complex tasks (*e.g., planning dinner for guests, handling finances*)

**Stage 5:** Requires assistance choosing proper clothing

**Stage 6:** Decreased ability to dress, bathe, and toilet independently

**6a:** Difficulty putting clothing on properly

**6b:** Unable to bathe properly; may develop fear of bathing

**6c:** Inability to handle mechanics of toileting  
(*i.e., forgets to flush, does not wipe properly*)

**6d:** Urinary incontinence

**6e:** Fecal incontinence

**Stage 7:** Loss of speech, locomotion, and consciousness

**7a:** Ability to speak limited (*one to five words a day*)

**7b:** All intelligible vocabulary lost

**7c:** Non-ambulatory

**7d:** Unable to sit up independently

**7e:** Unable to smile

**7f:** Unable to hold head up

# Alzheimer's / Dementia

Dementias may advance over the course of several years, but there are signs that predict likelihood of six-month mortality. Overall determination of hospice eligibility for patients with dementia should incorporate an assessment of:

- The **stage** of dementia
- Any **comorbid conditions** complicating the patient's dementia
- Any **secondary conditions** complicating the patient's dementia

The standard measure of dementia staging for hospice eligibility is the **FAST Scale**; refer to page three. A staging score of seven (7) or higher on the FAST scale generally indicates that dementia has advanced to the point of eligibility for hospice care. Patients with FAST stage 7 dementia demonstrate:

- Inability to ambulate independently
- Inability to communicate meaningfully in words
- Problems maintaining consciousness

The degree to which comorbid conditions (*such as heart failure, chronic obstructive pulmonary disease, and diabetes*) by themselves and in combination with the patient's advanced dementia negatively impact the patient's prognosis for survival should be taken into consideration.

Other (*secondary*) factors that are a direct result of the advancing dementia may influence prognosis, and the presence of secondary conditions such as these may make patients with dementia more clearly eligible for hospice care:

- |                                  |   |
|----------------------------------|---|
| • Delirium                       | • Dysphagia   |
| • Pneumonia                      | • Weight loss ( <i>10% over the previous six months</i> ) or other evidence of diminished |
| • Pressure ulcers                | nutritional status ( <i>e.g., hypoalbuminemia</i> )                                       |
| • Recurrent fevers or infections |   |

*To be eligible for hospice care for a primary diagnosis of dementia, the patient should have a FAST score greater than or equal to 7 and should have specific comorbid or secondary conditions that adversely affect the patient's expected survival.*

# Amyotrophic Lateral Sclerosis

Patients who are eligible for hospice care related to a diagnosis of ALS must have rapidly progressive disease symptoms over the past 12 months. Problems with breathing are the strongest predictors of mortality, followed by problems with swallowing and nutrition.

## Potential indicators of rapid decline include:

- Progressive loss of ambulation and physical functioning
- Progressive loss of articulate speech
- Progressive dyspnea
- Progressive loss of ability to swallow enough food to maintain weight
- Progressive loss of ability to perform activities of daily living

## IN ADDITION TO RAPID DECLINE, hospice eligible patients with ALS demonstrate:

**Critically impaired ventilatory function**, as manifest by measured Vital Capacity of <30% (*if available*), dyspnea at rest, need for supplemental oxygen at rest, tachypnea, orthopnea, and/or cognitive or other psychiatric symptoms as a result of hypoxia; AND/OR

**Critically impaired ability to swallow and take in nutrition**, as manifest by weight loss (*at least 5% from baseline*), dehydration, and/or hypovolemia.

**NOTE:** *Patients who opt against mechanical ventilatory support and artificial feeding are most clearly eligible for hospice by prognosis.*

*Opting for chronic mechanical ventilatory support and/or artificial feeding may affect hospice eligibility based on prognosis.*

Other factors may influence prognosis, and the following may make patients with ALS more clearly eligible for hospice care:

- Recurrent infections, especially sepsis or aspiration pneumonias
- Recurrent fevers
- Decubitus ulcers

# Cancer

Patients with a malignant disease are eligible for hospice care when their **disease is advanced or metastatic** and the patient either **chooses not to pursue disease-modifying therapies** or is judged to **no longer be able to benefit from disease-modifying therapies**.

Other factors may influence the prognosis, and the following may make patients with cancer more clearly eligible for hospice care:

- Disease recurrence after initially successful therapy
- Hypercalcemia of malignancy
- Cachexia
- Prominent or treatment-refractory symptoms (*e.g., pain, nausea, dyspnea*)
- Diagnosis with certain poor-prognosis cancer cell types (*e.g., tumors of the pancreas, non-small cell lung cancer, or primary brain cancer*)

# Cardiac Disease

Patients with advanced heart disease generally become eligible for hospice care when, **despite optimal treatment** for their illness, they develop **symptoms and disability characteristic of New York Heart Association (NYHA) Class IV heart failure**, specifically:

**Symptoms at rest; and/or**

**Symptom-related inability to carry on even minimal physical activity or symptoms that worsen with minimal physical activity**

Other factors may influence their prognosis, and the following may make patients with cardiac disease more clearly eligible for hospice care:

- A documented ejection fraction of 20% or less
- Treatment-resistant arrhythmias
- History of cardiac arrest or resuscitation
- Syncopal episodes known to be related to heart disease or with no clear etiology
- Other independently life-limiting comorbidities (*e.g., COPD, strokes, HIV disease*)

# HIV

Patients are eligible for hospice care when they demonstrate **end-stage HIV disease** as manifest by:

**Impaired performance status** as manifest by Palliative Performance Scale (*PPS*) score of = 50%.

**AND profound impairment of the immune system**, as manifest by:

CD4+ Count <25 cells/mcL or persistent viral load >100,000 copies/mL

**AND** one of the following conditions:

- CNS or systemic lymphoma
- Untreated or treatment-refractory wasting (*loss of 33% lean body mass*)
- Mycobacterium avium complex (*MAC*) bacteremia, untreated, treatment-refractory, or treatment refused
- Progressive multifocal leukoencephalopathy
- Visceral Kaposi's sarcoma unresponsive to therapy
- Renal failure in the absence of dialysis
- Cryptosporidium infection
- Toxoplasmosis, unresponsive to therapy

Other factors may influence the prognosis, and the following may make patients with HIV disease more clearly eligible for hospice care:

- Chronic persistent diarrhea for one year
- Persistent serum albumin <2.5
- Concomitant, active substance abuse
- Age > 50 years
- Absence of antiretroviral, chemotherapeutic, and prophylactic drug therapy related specifically to HIV disease
- Advanced AIDS dementia complex
- Toxoplasmosis
- Congestive heart failure, symptomatic at rest

# Liver Disease

Patients with advanced liver disease are eligible for hospice care when they demonstrate end-stage liver disease as manifest by:

## Impaired synthetic functioning of the liver:

- Prothrombin time prolonged more than five seconds over control, or International Normalized Ratio (*INR*) > 1.5
- Serum albumin <2.5 gm/dL
- AND at least 1 of the following complications:
  - » Ascites, either refractory to treatment or patient non-adherent to treatment
  - » Spontaneous bacterial peritonitis
  - » Hepatorenal syndrome – elevated creatinine and BUN with oliguria (<400ml/day) and urine sodium concentration <10 mEq/L
  - » Hepatic encephalopathy, refractory to treatment, or patient non-adherent to treatment
  - » Recurrent variceal bleeding, despite intensive therapy

Other factors may influence prognosis, and the following may make patients with hepatic disease more clearly eligible for hospice care:

- Malnutrition
- Muscle wasting and weakness
- Ongoing active alcohol abuse
- Hepatocellular carcinoma
- Hepatitis B surface antigen (*HBsAg*) positive
- Hepatitis C refractory to treatment
- Rapid overall decline or multiple co-morbidities

**NOTE:** *Patients awaiting liver transplant who otherwise fit the above criteria may be certified for the Medicare hospice benefit, but if a donor organ is procured, the patient must be discharged from hospice.*

# Pulmonary Disease

Patients with advanced pulmonary disease generally become eligible for hospice care when, **despite optimal treatment** for their illness, they develop **evidence of end-stage lung disease**:

## Symptoms and disability related to pulmonary dysfunction:

- Disabling dyspnea and weakness at rest or with only minimal exertion
- Limited or no improvement in symptoms or functioning in response to treatment with bronchodilators; *AND*
- Diminished functional capacity (*e.g., bed-to-chair existence, PPS scored at 50% or less*)

## AND evidence of disease progression:

- History of increased recent hospitalizations, emergency department visits, or office visits for respiratory symptoms or pulmonary infections
- **AND laboratory results indicating end-stage lung disease (if available):**
  - » Hypoxemia at rest on room air ( $pO_2 < 55$  mmHg on blood gases or  $O_2$  saturation less than 88%) or
  - » Hypercapnea evidenced by  $pCO_2 > 50$  mmHg on blood gases

Other factors may influence prognosis, and the following may make patients with pulmonary disease more clearly eligible for hospice care:

- Oxygen dependence
- Right heart failure secondary to pulmonary disease
- Unintentional weight loss of >10% in the preceding six months
- Resting tachycardia

# Renal Disease

Patients with advanced kidney disease generally become eligible for hospice care when they develop **evidence of end-stage renal disease**, specifically:

**Creatinine clearance is  $<10\text{mL/min}$  ( $<15\text{mL/min}$  for diabetics); AND**

**Serum creatinine is  $>8\text{mg/dL}$  ( $>6\text{mg/dL}$  for diabetics)**

To be eligible for hospice care for renal disease, the patient with end-stage renal disease must **choose not to pursue dialysis or renal transplantation** OR should be judged to **no longer be able to benefit from dialysis or renal transplantation**.

Other factors may influence the prognosis, and the following may make patients with renal disease more clearly eligible for hospice care:

Signs and symptoms of renal failure:

- GI bleeding
- Uremic pericarditis
- Hepatorenal syndrome – elevated creatinine and BUN with oliguria ( $<400\text{ml/day}$ ) and urine sodium concentration  $<10\text{ mEq/L}$
- Advanced heart, liver, and/or lung
- Malignancy
- Disseminated intravascular coagulation
- AIDS
- Hypoalbuminemia or Thrombocytopenia
- Oliguria
- Uremia
- Cognitive impairment
- Nausea
- Pruritus
- Hyperkalemia, refractory to treatment
- Fluid overload, refractory to treatment

# Stroke/Coma

Patients who have had a stroke or are in a coma are eligible for hospice when they meet the following criteria.

## **Stroke:**

Criteria one and two are indicators of functional and nutritional status and will support a terminal prognosis for patients with a diagnosis of stroke. Section three will lend support.

1. Poor functional status with a Palliative Performance Scale (PPS) of 40 or less. All criteria in number one should be met:
  - Mainly bed-bound
  - Unable to work
  - Requires maximal assistance to perform self-care
  - Food/fluid intake are normal/reduced
  - Either fully conscious or drowsy/confused

## **AND**

2. Inability to maintain hydration and caloric intake with **ONE** of the following:
  - Weight loss >10% during previous 6 months
  - Weight loss > 7.5% in previous 3 months
  - Serum albumin < 2.5 mg/dl
  - Current history of pulmonary aspiration without effective response to speech language pathology interventions to improve dysphagia and decrease aspiration events
  - Calorie counts documenting inadequate caloric/fluid intake
  - Dysphagia severe enough to prevent the patient from receiving food/fluid that is necessary to sustain life in a patient who does not receive artificial nutrition/hydration

3. Documentation of medical complications within the previous 12 months, in the context of progressive clinical decline, will help support eligibility for hospice care:
- Recurrent or intractable infections such as pneumonia or other URI
  - Urinary tract infection
  - Sepsis
  - Refractory stage 3-4 decubitus ulcers
  - Recurrent fever after antibiotics

**Coma:**

The medical criteria listed below would support a terminal prognosis for individuals with a diagnosis of coma (any etiology). Comatose patients with any three of the following on day three of coma are considered terminal:

- Sepsis
- Abnormal brain stem response
- Absent verbal response
- Absent withdrawal response to pain
- Serum creatinine >1.5 mg/dl

# About Alive

**Founded in 1975**, Alive Hospice offers the most comprehensive care for terminally ill patients and their families in Middle Tennessee. We are here to answer all your questions and serve as a resource for patients and their loved ones, health care professionals, and the community at large.

## Alive's Mission

We provide loving care to people with life-threatening illnesses, support to their families, and service to the community in a spirit of enriching lives.

*Alive is a 501(c)(3) charitable nonprofit health care provider licensed in the following counties: Bedford, Cannon, Cheatham, Coffee, Davidson, DeKalb, Dickson, Robertson, Rutherford, Sumner, Williamson, Wilson.*

*Alive Hospice is accredited by the Joint Commission and holds its Gold Seal of Approval. Alive Hospice is a Level 4 partner of the We Honor Veterans program in collaboration with the National Hospice and Palliative Care Organization and the U.S. Department of Veterans Affairs.*

**For questions about Eligibility, Admissions, and Referrals call 615-250-1348.**



WE HONOR VETERANS

# CONTACT US

## Alive Offices

**Main Office:** 1718 Patterson St., Nashville, TN 37203

Main Phone (24/7): 615-327-1085

For admission information or physician referrals: 615-250-1348

**Field Offices:** Franklin, Hendersonville, Lebanon, Murfreesboro

## Dedicated Hospice Facilities

**Nashville Residence** (30 beds)

1710 Patterson Street, Nashville, TN 37203 | 615-963-4800

**Murfreesboro Residence** (10 beds)

1629 Williams Drive, Murfreesboro, TN 37129 | 615-346-8356

- **Note:** More than 90 percent of Alive Hospice's care is provided in private homes.

## Alive Grief Support

**Alive Hospice Griefline:** 615-963-4732

Grief support is available at our Nashville, Hendersonville, Lebanon, Franklin, and Murfreesboro Offices.

*alivehospice.org*



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