Partnership HealthPlan of California
Palliative Care Eligibility Assessment Form
ADULTS

Name: _____

DOB: _____

CIN: _____

Type of Insurance: _____

Name of Palliative Care Program: _____

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 as a means to manage unanticipated decompensation in their late stage of illness. This refers to unplanned 'decompensation,' not elective procedures.
- ☐ Patient evaluated in their best compensated state
- ☐ The patient's death within a year would not be unexpected based on clinical status.
- ☐ Patients and Families are both:
  a. Willing to attempt in-home disease management by the palliative care team instead of first going to the emergency department AND
  b. Willing to participate in Advance Care Planning
- ☐ At least one of the following is true for their palliative qualifying condition:
  a. Patient is intolerant to further therapy
  b. Patient's disease is progressing despite current therapy
  c. Patient declines further disease directed therapy
  d. Patient repeatedly decompensates due to severe non-compliance
- ☐ Palliative Performance Scale (PPS) or Karnofsky Performance Score (KPS) less than or equal to 70% or an Eastern Cooperative Oncology Group (ECOG) score of 3 or 4 (refer to pages 4 -6 of this document for these scales)

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

1. **Congestive Heart Failure (CHF)**
   - ☐ The member has been hospitalized with a primary diagnosis of CHF with no further invasive interventions planned OR
   - ☐ New York Heart Association (NYHA) heart failure classification III or higher NYHA (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 angina pain.)

   AND one of the following:

   - ☐ The member has an ejection fraction of < 30 for systolic failure
   - ☐ Significant comorbidities such as stage IV renal disease, coronary artery disease with persistent angina, severe lung disease, diabetes with significant vascular or neurologic complications, severe dementia
   - ☐ Heart failure due to advanced diastolic dysfunction with preserved ejection fraction
   - ☐ Other severe cardiomyopathy or non-operable severe valvular heart disease

2. **Pulmonary Disease:**

   Chronic Obstructive Pulmonary Disorder (COPD): Member must meet 1 or 2

   - ☐ The member has a Forced Expiratory Volume (FEV)1 less than 35% predicted and 24-hour oxygen requirement of less than 3 Liters (L) per minute, OR
   - ☐ The member has a 24-hour oxygen requirement of greater than or equal to 3L per minute.

3. **Progressive Pulmonary Disease:**
   Idiopathic Pulmonary fibrosis, Primary Pulmonary Hypertension, or Cystic Fibrosis
   All of the following:
   - ☐ Disabling dyspnea at rest AND
   - ☐ Hypoxemia (oxygen saturation < 88%) on 2 LPM AND
   - ☐ Poorly response or unresponsive to standard treatment.

4. **Advanced Cancer:** Member must meet 1 and 2
   - ☐ The member has a diagnosis of stage III or IV cancer

   AND
   - ☐ The member has an Eastern Cooperative Oncology Group (ECOG) score of 3 or 4 or Karnofsky Performance Score (KPS) less than or equal to 70%, OR
   - ☐ The member has failed two lines of standard of care therapy (chemotherapy or radiation therapy) OR
   - ☐ The member refuses further cancer treatment

5. **Advanced Liver Disease:** Member must meet 1 and 2 combined or 3 alone
   - ☐ The member has evidence of irreversible liver damage, serum albumin <3.0, and Internal Normalized Ratio (INR) > 1.3 AND
   - ☐ The member has a history of ascites, bacterial peritonitis, hepatic encephalopathy, hepatorenal syndrome, or esophageal varices

   OR
   - ☐ The member has evidence of irreversible liver damage and has a Model for End Stage Liver Disease (MELD) score of greater than 19.

6. **Progressive Degenerative Neurologic Disorder**
   - ☐ Neurodegenerative condition such as multiple sclerosis, muscular dystrophy, end-stage myasthenia gravis, Parkinson's disease or other progressive neurologic condition with significant deterioration as evidenced by any of the following:
     - ☐ dysphagia
     - ☐ aspiration pneumonia
     - ☐ unintentional weight loss of 10% or more
     - ☐ recurrent infections
     - ☐ significant cognitive decline
     - ☐ dependency on ventilator support
   - ☐ Amyotrophic Lateral Sclerosis (ALS) with a PPS score of 70 or less and a vital capacity of less than 55% predicted
   - ☐ Late stage dementia with progressive decline with both:
     - ☐ FAST scale score of 7a or more AND
     - ☐ Complications such as unintentional weight loss of 10% or more, dysphagia, aspiration pneumonia or a PPS score of 40% or less.

7. **Hematologic Disease**
   - ☐ Myelodysplastic syndrome dependent on transfusion and unresponsive to treatment **OR**
   - ☐ Sickle cell disease with organ failure, severe pulmonary hypertension, stage IV or worse renal disease, or other significant severe vascular disease.

8. **Cerebrovascular Accident**
   - ☐ PPS score of 50% or less

   AND
   - ☐ Progressive unintentional weight loss of 10% or more, **OR**
   - ☐ Recurrent infections such as aspiration pneumonia or sepsis.

9. **Renal Disease:**
   - ☐ Creatinine clearance of 15 ml/min or less **AND**
   - ☐ Discontinuing or declining dialysis and not seeking kidney transplant

10. **Acquired Immunodeficiency Syndrome (AIDS):** A CD4 count less than 200 or a positive HIV test and an AIDS defining condition
    - ☐ Chooses to forego antiviral treatment

    Or has one of these AIDS related conditions:
    - ☐ Advanced AIDS dementia complex
    - ☐ CNS lymphoma or systemic lymphoma unresponsive to treatment
    - ☐ Kaposi's sarcoma unresponsive to treatment
    - ☐ Mycobacterium avium complex infection unresponsive to treatment
    - ☐ Progressive wasting syndrome

11. **Other Covered Conditions may be considered on a case to case basis:**
    - ☐ Serious pre-terminal medical condition with a life expectancy of one year or less
    - ☐ PPS score of 70% or less
    - ☐ Member has received maximal member-desired treatment or treatment is no longer effective
    - ☐ Member is using inpatient or emergency department utilization for symptom management

Palliative Performance Scale (PPSv2)

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	Full
80%	Full	Normal Activity & Work with effort, Some evidence of disease	Full	Normal or Reduced	Full
70%	Reduced	Unable to do normal activity & work, Significant disease	Full	Normal or Reduced	Full
60%	Reduced	Unable to do hobby/ house work, Significant Disease	Occasional Assistance	Normal or Reduced	Full or Confusion
50%	Mainly sit/ lie	Unable to do any work, Extensive Disease	Considerable Assistance	Normal or Reduced	Full or Drowsy or Confusion
40%	Mainly in bed	Unable to do most activity, Extensive disease	Mainly Assisted	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 sips	Full or Drowsy ± Confusion
10%	Totally bed bound	Unable to do any activity, Extensive disease	Total Care	Mouth care only	Drowsy or Coma
0%	Death	—	—	—	—

Instructions: PPS level is determined by reading left to right to find a 'best horizontal fit.' Begin at left column reading downwards until current ambulation is determined, then, read across to next and downwards until each column is determined. Thus, 'leftward' columns take precedence over 'rightward' columns.

Victoria Hospice Society, Michael Downing, MD
https://victoriahospice.org/wp-content/uploads/2020/08/PPSv2-QA-Instructions-and-Definitions-updated-July-2020.pdf

Karnofsky Performance Status Scale

Able to carry on normal activity and to work; no special care needed	100	Normal, no complaints, no evidence of disease
	90	Able to carry on normal activity; minor signs or symptoms of disease
	80	Normal activity with effort; some signs or symptoms of disease
Unable to work; able to live at home and care for most personal needs; varying amount of assistance needed	70	Cares for self; unable to carry on normal activity or to do active work
	60	Requires occasional assistance but is able to care for most of his/her personal needs
	50	Requires considerable assistance and frequent medical care
Unable to care for self; requires equivalent of institutional or hospital care; disease may be progressing rapidly	40	Disabled; requires special care and assistance
	30	Severely disabled; hospitalization is indicated; although death not imminent
	20	Very sick, hospital admission necessary; active supportive treatment necessary
	10	Moribund; fatal processes progressing rapidly
	0	Deceased

Karnofsky, D.A., Abelmann, W.H., Craver, L.F. and Burchenal, J.H. (1948), The use of the nitrogen mustards in the palliative treatment of carcinoma. With particular reference to bronchogenic carcinoma. Cancer, 1: 634-656. https://doi.org/10.1002/1097-0142(194811)1:4<634::AID-CNCR2820010410>3.0.CO;2-L

Eastern Cooperative Oncology Group (ECOG) Performance Status Scale

Grade	ECOG Performance Status
0	Fully Active, able to carry on all pre-disease performance without restriction
1	Restricted in physically strenuous activity but ambulatory and able to carry out work of a light or sedentary nature, e.g. light house work, office work
2	Ambulatory and capable of all self-care but unable to carry out any work activities.; up and about more than 50% or waking hours
3	Capable of only limited self-care; confined to bed or chair more than 50% of waking hours
4	Completely disabled; cannot carry on any self-care. Totally confined to bed or chair
5	Dead

Oken MM, Creech RH, Tormey DC, Horton J, Davis TE, McFadden ET, Carbone PP. Toxicity and response criteria of the Eastern Cooperative Oncology Group. *Am J Clin Oncol.* 1982 Dec;5(6):649-655. PMID: 7165009.

Credit: The ECOG Performance Status Scale was developed by the Eastern Cooperative Oncology Group (ECOG), now the ECOG-ACRIN Cancer Research Group, and published in 1982. To learn more, visit ecog-acrin.org/scale.