APA-1

TRANSMITTAL SHEET FOR
NOTICE OF INTENDED ACTION

Control No: 560 . Department or Agency: Alabama Medicaid Agency

Rule No: 560-X-51-.04

Rule Title: Recipient Eligibility

_____ New Rule; ___X___ Amend; _____ Repeal; _____ Adoption by Reference

Would the absence of the proposed rule significantly harm or endanger the public health, welfare, or safety? No

Is there a reasonable relationship between the state's police power and the protection of the public health, safety, or welfare? Yes

Is there another, less restrictive method of regulation available that could adequately protect the public? No

Does the proposed rule have the effect of directly or indirectly increasing the costs of any goods or services involved and, if so, to what degree? No

Is the increase in cost, if any, more harmful to the public than the harm that might result from the absence of the proposed rule? No

Are all facets of the rulemaking process designed solely for the purpose of, and so they have, as their primary effect, the protection of the public? Yes

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Does the proposed rule have any economic impact? Yes

If the proposed rule has an economic impact, the proposed rule is required to be accompanied by a fiscal note prepared in accordance with subsection (f) of Section 41-22-23, Code of Alabama 1975.

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Certification of Authorized Official

I certify that the attached proposed rule has been proposed in full compliance with the requirements of Chapter 22, Title 41, Code of Alabama 1975 and that it conforms to all applicable filing requirements of the Administrative Procedure Division of the Legislative Reference Service.

Signature of certifying officer: Stephanie Lindsay

Date: 6-20-12

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EDITED AND APPROVED BY _____ DOCUMENT NO. _____

APA-2

ALABAMA MEDICAID AGENCY

NOTICE OF INTENDED ACTION

RULE NO. & TITLE: 560-X-51-.04 – Recipient Eligibility

INTENDED ACTION: Amend 560-X-51-.04

SUBSTANCE OF PROPOSED ACTION: The above-referenced rule is being amended to define expectations for hospice recipients' medical records, remove caloric intake from required medical record documentation, clarify recertification requirements of hospice recipients, combine the initial certification and recertification for Adult Alzheimer's Disease, combine the initial certification and recertification for Adult Stroke and/or Coma, expound on the patient's height and weight-caloric intake, include dysphagia as part of the Adult Stroke and/or Coma criteria, and remove Fractional Excretion of Sodium (FENa) from the Adult Renal Disease criteria.

TIME, PLACE, MANNER OF PRESENTING VIEWS: Written or oral comments may be submitted to the Alabama Medicaid Agency, 501 Dexter Avenue, Post Office Box 5624, Montgomery, Alabama 36103-5624. Agency business hours are 8:00 a.m. to 5:00 p.m. Monday through Friday.

FINAL DATE FOR COMMENT AND COMPLETION OF NOTICE:. Written/Oral comments concerning this change must be received by the Alabama Medicaid Agency no later than August 3, 2012.

CONTACT PERSON AT AGENCY: Stephanie Lindsay, Administrative Secretary, Alabama Medicaid Agency, 501 Dexter Avenue, Post Office Box 5624, Montgomery, Alabama 36103-5624.

Stephanie McGee Azar
Acting Commissioner

APA-6

ECONOMIC IMPACT STATEMENT

FOR APA RULE

(Section 41-22-23 (f))

Control No. 560 . Department or Agency Alabama Medicaid Agency .

Rule No: 560-X-51-.04

Rule Title: Recipient Eligibility

_____New __X__ Amend _____Repeal _____Adopt by Reference

_____This rule has no economic impact.

__X__This rule has an economic impact, as explained below:

1. NEED/EXPECTED BENEFIT OF RULE:

This rule is designed to clarify the Hospice Program criteria established by the Medicaid Agency. The clarification will ensure that individuals in need of hospice care are able to receive the care when appropriate.

2. COSTS/BENEFITS OF RULE AND WHY RULE IS THE MOST EFFECTIVE, EFFICIENT, AND FEASIBLE MEANS FOR ALLOCATING RESOURCES AND ACHIEVING THE STATED PURPOSE:

This rule may increase the number of individuals receiving hospice care; but should subsequently reduce the number of admissions to Medicaid-certified nursing facility. This change should reduce the State's cost for nursing facility services.

3. EFFECT OF THIS RULE ON COMPETITION:

As stated above, the hospice changes may reduce the number of individuals admitted to Medicaid-certified nursing facilities.

4. EFFECT OF THIS RULE ON COST-OF-LIVING AND DOING BUSINESS IN THE GEOGRAPHICAL AREA WHERE THE RULE IS TO BE IMPLEMENTED:

This change will be effective statewide and should not affect any one geographical area over another.

5. EFFECT OF THIS RULE ON EMPLOYMENT IN THE GEOGRAPHICAL AREA WHERE THE RULE IS TO BE IMPLEMENTED:

This rule may require additional staffing for hospice providers; but may reduce the staffing needs in Medicaid-certified facilities.

6. SOURCE OF REVENUE TO BE USED FOR IMPLEMENTING AND ENFORCING THIS RULE:

Federal and state revenue are required for the implementation and enforcement of this rule.

7. THE SHORT-TERM/LONG-TERM ECONOMIC IMPACT OF THIS RULE ON AFFECTED PERSONS, INCLUDING ANALYSIS OF PERSONS WHO WILL BEAR THE COSTS AND THOSE WHO WILL BENEFIT FROM THE RULE:

Individuals who meet the hospice care criteria will benefit from the adoption of this rule. Federal and state revenues will support the services provided to the hospice recipients.

8. UNCERTAINTIES ASSOCIATED WITH THE ESTIMATED BENEFITS AND BURDENS OF THE RULE, INCLUDING QUALITATIVE/QUANTITATIVE BENEFITS AND BURDEN COMPARISON:

The State has no data to support the number of individuals that will be impacted by this rule change.

9. THE EFFECT OF THIS RULE ON THE ENVIRONMENT AND PUBLIC HEALTH:

This rule may result in a decrease in the number of nursing facility beds needed within the State.

10. DETRIMENTAL EFFECT ON THE ENVIRONMENT AND PUBLIC HEALTH IF THE RULE IS NOT IMPLEMENTED:

The cost of nursing facility care will continue to increase.

**Additional pages may be used if needed.

Rule No. 560-X-51-.04. Recipient Eligibility.

In order to be eligible to elect hospice care under Medicaid, an individual must be:

(1) Medicaid eligible for full benefits.

(2) Certified by a physician as terminally ill and require hospice services which are medically necessary for the palliation or are medically necessary for symptom and pain management related to the terminal illness. Certification of terminal illness must include specific clinical findings and other medical documentation including, but not limited to, medical records, lab x-rays, pathology reports, etc.

The hospice has the responsibility to establish and maintain a permanent medical record for each patient that includes the following:

a) Physician certifications
b) Services provided
c) Recipient election statement(s)
d) Interdisciplinary treatment plan of care and updates
e) Advance directive documentation

The documentation contained in the medical record must be a chronological, complete record of the care provided to the hospice recipient. The medical record must contain the Medicaid Hospice Election and Physician's Certification, Form 165 that is signed and dated by the physician. A Form 165 must be present for each election period. The documentation must contain the physicians' orders that include medication(s) taken by the recipient, an assessment and a plan of care developed prior to providing care by the attending physician, the medical director or physician designee, and the interdisciplinary team. Identification of a specific terminal illness must be documented and substantiated by labs, x-rays and other medical documentation supporting the terminal illness as set forth by the Medicaid guidelines.

Failure to establish the hospice medical record as defined above shall result in a denial.

The hospice must retain medical records for at least three years after the current year.

A person who reaches a point of stability and is no longer considered terminally ill must not be recertified for hospice services. The individual must be discharged to traditional Medicaid benefits. Medicaid eligibility for the Hospice program, for recipients who are not dually eligible for Medicare, is based upon financial and medical criteria. The following medical criteria must be present for the terminal illnesses listed below. For diagnoses not found in the Alabama Medicaid Agency administrative code, for cases with evidence of other co-morbidities and the evidence of rapid decline, and for pediatric cases medical necessity review will be conducted on a case-by-case basis.

(a) ***Hospice Criteria for Adult Failure to Thrive Syndrome***

1. Terminal Illness Description: The adult failure to thrive syndrome is characterized by unexplained weight loss, malnutrition and disability. The syndrome has been associated with multiple primary conditions (e.g., infections and malignancies), but always includes two defining clinical elements, namely nutritional impairment and

disability. The nutritional impairment and disability associated with the adult failure to thrive syndrome must be severe enough to impact the patient's short-term survival. The adult failure to thrive syndrome presents as an irreversible progression in the patient's nutritional impairment/disability despite therapy (i.e., treatment intended to affect the primary condition responsible for the patient's clinical presentation).

2. Criteria for initial certification or recertification: Criteria below must be present at the time of **initial certification or re-certification** for hospice. An individual is considered to be terminally ill if the individual has a medical prognosis that his or her life expectancy is six months or less if the terminal illness runs its normal course. Patients must meet **(i) and (ii)** below:

(i) The nutritional impairment associated with the adult failure to thrive syndrome must be severe enough to impact a beneficiary's weight. The Body Mass Index (BMI) of beneficiaries electing the Medicaid Hospice Benefit for the adult failure to thrive syndrome must be below 22 kg/m^2 and the patient must be either declining enteral/parenteral nutritional support or has not responded to such nutritional support~~, despite an adequate calorie intake (calorie counts must be documented in medical records)~~.

(ii) The disability associated with the adult failure to thrive syndrome should be such that the individual is significantly disabled. Significant disability must be demonstrated by a Karnofsky or Palliative Performance Scale value less than or equal to 40%.

Both the recipient's BMI and level of disability should be determined using measurements/observations made within six months (180 days) of the most recent certification/recertification date. If enteral nutritional support has been instituted prior to the hospice election and will be continued, the BMI and level of disability should be determined using measurements/observations made at the time of the initial certification and at each subsequent recertification. At the time of recertification recumbent measurement(s) (anthropometry) such as mid-arm circumference in cm may be substituted for BMI with documentation as to why a BMI could not be measured. This information will be subject to review on a case by case basis.

3. Reasons for Denial

(i) Patients not meeting the specific medical criteria in this policy.

(ii) Absence of supporting documentation of progression or rapid decline.

(iii) Failure to document terminal status of six months or less.

(iv) Patient is not eligible for full Medicaid benefits.

(b) Hospice Criteria for Adult HIV Disease

1. Terminal Illness Description: An individual is considered to be terminally ill if the medical prognosis indicates a life expectancy of six months or less.

2. Criteria for initial certification: Criteria below must be present at the time of **initial certification** for hospice. Patients will be considered to be in the terminal stage of their illness (life expectancy of six months or less) if they meet the following criteria:

HIV Disease (i) and (ii) must be present; factors from (iii) will add supporting documentation)

(i) CD4+ Count less than 25 cells/mcL or persistent viral load greater than-100,000 copies/ml, plus ***one*** of the following:

(I) CNS lymphoma

(II) Untreated, or not responsive to treatment, wasting (loss of 33% lean body mass)

(III) Mycobacterium avium complex (MAC) bacteremia, untreated, unresponsive to treatment, or treatment refused

(IV) Progressive multifocal leukoencephalopathy

(V) Systemic lymphoma, with advanced HIV disease and partial response to chemotherapy

(VI) Visceral Kaposi's sarcoma unresponsive to therapy

(VII) Renal failure in the absence of dialysis

(VIII) Cryptosporidium infection

(IX) Toxoplasmosis, unresponsive to therapy

(ii) Decreased performance status, as measured by the Karnofsky Performance Status (KPS) scale, of less than or equal to 50

(iii) Documentation of the following factors will support eligibility for hospice care:

(I) Chronic persistent diarrhea for one year

(II) Persistent serum albumin less than 2.5 gm/dl

(III) Age greater than 50 years

(IV) Absence of antiretroviral, chemotherapeutic and prophylactic drug therapy related specifically to HIV disease

(V) Advanced AIDS dementia complex

(VI) Toxoplasmosis

(VII) Congestive heart failure, symptomatic at rest, New York Heart Association (NYHA) classification Stage IV

3. Criteria for recertification: Criteria below must be present at the time of **recertification** for hospice. Both (i) and (ii) must be met. Patients will be considered to be in the terminal stage of their illness (life expectancy of six months or less) if they meet one of the conditions in (i) and meet the requirement in (ii):

(i) Persistent viral load greater than-100,000 copies/ml, plus ***one*** of the following:

(I) CNS lymphoma

(II) Untreated, or not responsive to treatment, wasting (loss of 33% lean body mass)

(III) Mycobacterium avium complex (MAC) bacteremia, untreated, unresponsive to treatment, or treatment refused

(IV) Progressive multifocal leukoencephalopathy

(V) Systemic lymphoma, unresponsive or partially responsive to chemotherapy

(VI) Visceral Kaposi's sarcoma unresponsive to therapy

(VII) Renal failure in the absence of dialysis

(VIII) Cryptosporidium infection

(IX) Toxoplasmosis, unresponsive to therapy

(ii) Decreased performance status, as measured by the Karnofsky Performance Status (KPS) scale, of less than or equal to 50

(iii) Documentation of the following factors will support eligibility for hospice care:

(I) Chronic persistent diarrhea for one year

(II) Persistent serum albumin less than 2.5 gm/dl

(III) Age greater than 50 years

(IV) Absence of antiretroviral, chemotherapeutic and prophylactic drug therapy related specifically to HIV disease

(V) Advanced AIDS dementia complex

(VI) Toxoplasmosis

(VII) Congestive heart failure, symptomatic at rest, New York Heart Association (NYHA) classification Stage IV

4. Reasons for Denial

(i) Patients not meeting the specific medical criteria in this policy

(ii) Absence of supporting documentation of progression or rapid decline

(iii) Failure to document terminal status of six months or less.

(iv) Patient on protease inhibitors.

(v) Patient is not eligible for full Medicaid benefits.

(c) Hospice Criteria for Adult Pulmonary Disease

1. Terminal Illness Description: An individual is considered to be terminally ill if the medical prognosis indicates a life expectancy of six months or less.

2. Criteria for initial certification: Criteria below must be present at the time of **initial certification** for hospice. Patients will be considered to be in the terminal stage of pulmonary disease (life expectancy of six months or less) if they meet the following criteria. The criteria refer to patients with various forms of advanced pulmonary disease who eventually follow a final common pathway for end stage pulmonary disease: **(i) and (ii)** must be present; documentation of (iii), (iv) and/or (v) will lend supporting documentation:

(i) Severe chronic lung disease as documented by both factors below:

(I) Patient with Forced Expiratory Volume in one second [FEV1], after bronchodilator, less than 30% of predicted and disabling dyspnea at rest, poorly responsive to bronchodilators, resulting in decreased functional capacity, e.g., bed to chair existence, fatigue, and cough (documentation of Forced Expiratory Volume in one second [FEV1], after bronchodilator, less than 30% of predicted is objective evidence for disabling dyspnea and must be provided when performed). If the FEV1 has not been performed, the clinical condition must support an FEV1 less than 30% of predicted.

(II) Progression of end stage pulmonary disease as documented by two or more episodes of pneumonia or respiratory failure requiring ventilatory support within the last six months. Alternatively, medical record

documentation of serial decrease in FEV1 greater than 40 ml/year for the past two years can be used to demonstrate progression.

(ii) Hypoxemia at rest on room air, with a current ABG PO2 at or below 59 mm Hg or oxygen saturation at or below 89% taken at rest or hypercapnia, as evidenced by PCO2 greater than or equal to 50 mmHg (these values may be obtained from recent hospital records).

(iii) Cor pulmonale and right heart failure (RHF) secondary to pulmonary disease (e.g., not secondary to left heart disease or valvulopathy).

(iv) Unintentional progressive weight loss of greater than 10% of body weight over the preceding six months.

(v) Resting tachycardia greater than 100/min.

3. Criteria for recertification: Criteria below must be present at the time of **recertification** for hospice. Patients will be considered to be in the terminal stage of their illness (life expectancy of six months or less) if they meet (i) and (ii) below:

(i) Severe disabling dyspnea at rest, poorly or unresponsive to bronchodilators, resulting in decreased functional capacity, e.g., bed to chair existence, fatigue, and cough.

(ii) Hypoxemia at rest on room air, with a current ABG PO2 at or below 59 mm Hg or oxygen saturation at or below 89% taken at rest or hypercapnia as evidenced by PCO2 greater than or equal to 50 mmHg.

4. Reasons for Denial

(i) Patients not meeting the specific medical criteria in this policy.

(ii) Absence of supporting documentation of progression or rapid decline.

(iii) Failure to document terminal status of six months or less.

(iv) Patient is not eligible for full Medicaid benefits.

(d) Hospice Criteria for Adult Alzheimer's Disease & Related Disorders

1. Terminal Illness Description: An individual is considered to be terminally ill if the medical prognosis indicates a life expectancy of six months or less. Alzheimer's disease and related disorders are further substantiated with medical documentation of a progressive decline in the Reisburg Functional Assessment Staging (FAST) Scale, within a six month period of time, prior to the Medicaid hospice election.

2. ~~Criteria for initial certification:~~ Criteria below must be present at the time of **initial certification** and recertification for hospice. Alzheimer's disease and related disorders may support a prognosis of six months or less under many clinical scenarios. The structural and functional impairments associated with a primary diagnosis of Alzheimer's disease are often complicated by co morbid and/or secondary conditions. Co-morbid conditions affecting beneficiaries with Alzheimer's disease are by definition distinct from the Alzheimer's disease itself- examples include coronary heart disease (CHD) and chronic obstructive pulmonary disease (COPD). Secondary conditions on the other hand are directly related to a primary condition – in the case of Alzheimer's disease examples include delirium and pressure ulcers. The Reisberg Functional Assessment Staging (FAST) Scale has been used for many years to describe Medicare beneficiaries

with Alzheimer's disease and a prognosis of six months or less. The FAST Scale 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 at least 4 of the 6 substage FAST scale indicators must be present. The FAST Scale does not address the impact of co- morbid or secondary conditions. The presence of secondary conditions is thus considered separately by this policy. ~~and (i) must be present; factors from (ii) will add supporting documentation. The FAST Scale is designed to parallel the progressive activity.~~ Patients must meet **(i) and (ii) below:**

(i) To be eligible for hospice, ~~beneficiaries with Alzheimer's disease must have a FAST level equal to 7.~~ the individual must have documentation of a FAST scale level equal to 7 and documentation of at least ~~4~~ of 6 substage FAST scale indicators under level 7.

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 in traveling to new locations

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

Stage #5: Requires assistance in choosing proper clothing

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

- Sub-stage 6a: Difficulty putting clothing on properly
- Sub-stage 6b: Unable to bathe properly; may develop fear of bathing
- Sub-stage 6c: Inability to handle mechanics of toileting (i.e., forgets to flush the toilet, does not wipe properly)
- Sub-stage 6d: Urinary incontinence
- Sub-stage 6e: Fecal incontinence

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

- Sub-stage 7a: Ability to speak limited ~~(1 to 5 words a day)~~ to approximately a half a dozen intelligible different words or fewer, in the course of an average day or in the course of an intensive interview
- Sub-stage 7b: All intelligible vocabulary lost (Speech ability limited to the use of a single intelligible word in an average day or in the course of an intensive interview – the person may repeat the word over and over)
- Sub-stage 7c: Non-ambulatory (Ambulatory ability lost – cannot walk without personal assistance)
- Sub-stage 7d: Unable to sit up independently (Cannot sit up without assistance – e.g., the individual will fall over if there are not lateral rests [arms] on the chair)
- Sub-stage 7e: ~~Unable to smile~~ Loss of ability to smile

- Sub-stage 7f: ~~Unable to hold head up~~ Loss of ability to hold up head independently

(ii) Documentation of specific secondary condition(s) related to Alzheimer's Disease must be present, including but not limited to, - Contractures, Pressure Ulcers, recurrent UTI, Dysphagia, Aspiration Pneumonia. ~~(i.e. Pressure Ulcers, recurrent UTI, Dysphagia, Aspiration Pneumonia) related to Alzheimer's Disease will support eligibility for hospice care.~~

~~3. Criteria for recertification: Criteria below must be present at the time of **recertification** for hospice. Patients will be considered to be in the terminal stage of their illness (life expectancy of six months or less) if they meet the following criterion:~~

~~(i) To be eligible for hospice, beneficiaries with Alzheimer's disease must have a FAST level equal to 7; however at least 4 of the 6 substage FAST scale indicators must be present.~~

~~**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 in traveling to new locations~~

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

~~Stage #5: Requires assistance in choosing proper clothing~~

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

- ~~Sub-stage 6a: Difficulty putting clothing on properly~~
- ~~Sub-stage 6b: Unable to bathe properly; may develop fear of bathing~~
- ~~Sub-stage 6c: Inability to handle mechanics of toileting (i.e., forgets to flush, does not wipe properly)~~
- ~~Sub-stage 6d: Urinary incontinence~~
- ~~Sub-stage 6e: Fecal incontinence~~

~~Stage #7: Loss of speech, locomotion, and consciousness:~~

- ~~Sub-stage 7a: Ability to speak limited (1 to 5 words a day)~~
- ~~Sub-stage 7b: All intelligible vocabulary lost~~
- ~~Sub-stage 7c: Non-ambulatory~~
- ~~Sub-stage 7d: Unable to sit up independently~~
- ~~Sub-stage 7e: Unable to smile~~
- ~~Sub-stage 7f: Unable to hold head up~~

~~(ii) Documentation of specific secondary conditions (i.e. Pressure Ulcers, recurrent UTI, Dysphagia, Aspiration Pneumonia) related to Alzheimer's Disease will support eligibility for hospice care.~~

~~4.~~3. Reasons for Denial

(i) Patients not meeting the specific medical criteria in this policy.

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(ii) Absence of supporting documentation of progression or rapid decline.

(iii) Failure to document terminal status of six months or less.

(iv) Patient is not eligible for full Medicaid benefits.

(e) Hospice Criteria for Adult Stroke and/or Coma

1. Terminal Illness Description: An individual is considered to be terminally ill if the medical prognosis indicates a life expectancy of six months or less.

2. ~~Criteria for initial certification:~~ Criteria below must be present at the time of **initial certification** **and recertification** for hospice. The medical criteria listed below would support a terminal prognosis for individuals with a diagnosis of stroke. Patients must meet **(i) and (ii) below:**

(i) A Palliative Performance Scale (PPS) of less than or equal to 40.

(I) Degree of ambulation-Mainly in bed

(II) Activity/extent of disease able to do work; extensive disease

(III) Ability to do self-care -Mainly Assistance

(IV) Food/fluid intake-Normal to reduced

(V) State of consciousness -Either fully conscious or drowsy/confused

(ii) Inability to maintain hydration and caloric intake with any one of the following:

(I) Weight loss greater than 10% during previous 36 months

(II) Weight loss greater than 7.5% in previous ~~6 weeks~~3 months

(III) Serum albumin less than 2.5 gm/dl

(IV) Current history of pulmonary aspiration without effective response to speech language pathology interventions to improve dysphagia and decrease aspiration events.

(V) Calorie counts documenting inadequate caloric/fluid intake. (Patient's height and weight-caloric intake is too low to maintain normal BMI or fewer calories than necessary to maintain normal BMI – determine with caloric counts)

(VI) Dysphagia severe enough to prevent the patient from receiving food and fluids necessary to sustain life in a patient who declines or does not receive artificial nutrition and hydration.

(iii) The medical criteria for 3 listed below would support a terminal prognosis for individuals with a diagnosis of coma (any etiology):

(I) Comatose patients with any 3 of the following on day three or after of coma:

I. abnormal brain stem response

II. absent verbal response

III. absent withdrawal response to pain

IV. increase in serum creatinine greater than 1.5 mg/dl

~~3. Criteria for recertification: Criteria below must be present at the time of **recertification** for hospice. Patients will be considered to be in the terminal stage of their illness (life expectancy of six months or less) if they meet the criteria in (i) and (ii):~~

~~(i) A Palliative Performance Scale (PPS) of less than or equal to 40.~~

~~(ii) Inability to maintain hydration and caloric intake with any one of the following:~~

~~(I) Weight loss greater than or equal to 10% during previous 3 months~~

~~(II) Weight loss greater than or equal to 7.5% in previous 6 weeks~~

~~(III) Serum albumin less than 2.5 gm/dl~~

~~(IV) Current history of pulmonary aspiration without effective response to speech language pathology interventions to improve dysphagia and decrease aspiration events.~~

~~(V) Calorie counts documenting inadequate caloric/fluid intake. (Patient's height and weight-caloric intake is too low to maintain normal BMI or fewer calories than necessary to maintain normal BMI -determine with caloric counts)~~

~~(iii) The medical criteria for 3 listed below would support a terminal prognosis for individuals with a diagnosis of coma (any etiology):~~

~~(I) Comatose patients with any 3 of the following on day three or after of coma:~~

~~I. abnormal brain stem response~~

~~II. absent verbal response~~

~~III. absent withdrawal response to pain~~

~~IV. progressive increase in serum creatinine greater than 1.5 mg/dl~~

4. Reasons for Denial

(i) Patients not meeting the specific medical criteria in this policy.

(ii) Absence of supporting documentation of progression or rapid decline.

(iii) Failure to document terminal status of six months or less.

(iv) Patient is not eligible for full Medicaid benefits.

(f) Hospice Criteria for Adult Amyotrophic Lateral Sclerosis (ALS)

1. Terminal lllness Description: An individual is considered to be terminally ill if the medical prognosis indicates a life expectancy of six months or less.

2. Criteria for initial certification: Criteria below must be present at the time of **initial certification** for hospice. ALS tends to progress in a linear fashion over time. The *overall* rate of decline in each patient is fairly constant and predictable, unlike many other non-cancer diseases. No *single* variable deteriorates at a uniform rate

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in all patients. Therefore, multiple clinical parameters are required to judge the progression of ALS. Although ALS usually presents in a localized anatomical area, the location of initial presentation does not correlate with survival time. By the time patients become end-stage, muscle denervation has become widespread, affecting all areas of the body, and initial predominance patterns do not persist. In end-stage ALS, two factors are critical in determining prognosis: ability to breathe, and to a lesser extent ability to swallow. The former can be managed by artificial ventilation, and the latter by gastrostomy or other artificial feeding, unless the patient has recurrent aspiration pneumonia. While not necessarily a contraindication to hospice care, the decision to institute either artificial ventilation or artificial feeding will significantly alter six-month prognosis. Examination by a neurologist within three months of assessment for hospice is required, both to confirm the diagnosis and to assist with prognosis. Patients will be considered to be in the terminal stage of ALS (life expectancy of six months or less) if they meet the following criteria (must fulfill **i, ii, *or* iii**):

(i) The patient must demonstrate critically impaired breathing capacity

(I) Critically impaired breathing capacity as demonstrated by ***all*** the following characteristics occurring within the 12 months preceding initial hospice certification:

- Vital capacity (VC) less than 30% of normal
- Continuous dyspnea at rest
- Hypoxemia at rest on room air, with a current ABG PO2 at or below 59mm HG or oxygen saturation at or below 89%
- Patient declines artificial ventilation

(ii) Patient must demonstrate ***both*** rapid progression of ALS and critical nutritional impairment

(I) Rapid progression of ALS as demonstrated by ***all*** the following characteristics occurring within the 12 months preceding initial hospice certification:

- Progression from independent ambulation to wheelchair or bed bound status
- Progression from normal to barely intelligible or unintelligible speech
- Progression from normal to pureed diet
- Progression from independence in most or all activities of daily living (ADLs) to needing major assistance by caretaker in ***all*** ADLs.

(II) Critical nutritional impairment as demonstrated by ***all*** the following characteristics occurring within the 12 months preceding initial hospice certification:

- Oral intake of nutrients and fluids insufficient to sustain life

- Unintentional progressive weight loss of greater than 10% of body weight over the preceding six months.

(iii) Patient must demonstrate ***both*** rapid progression of ALS and life-threatening complications

(I) Rapid progression of ALS, see (ii) (I) above

(II) Life-threatening complications as demonstrated by one of the following characteristics occurring within the 12 months preceding initial hospice certification:

- Two or more episodes of recurrent aspiration pneumonia (with or without tube feedings)
- Upper urinary tract infection (pyelonephritis)
- Sepsis
- Other medical complications not identified above will be reviewed on a case by case basis with appropriate medical justification

3. Criteria for recertification: Criteria below must be present at the time of **recertification** for hospice. Patients will be considered to be in the terminal stage of their illness (life expectancy of six months or less) if they meet (i) and (ii) below:

(i) The patient must demonstrate critically impaired breathing capacity

(I) Critically impaired breathing capacity as demonstrated by ***all*** the following characteristics:

- Continuous dyspnea at rest
- Hypoxemia at rest on room air with a current ABG PO2 at or below 59 mmHg or oxygen saturation at or below 89%
- Patient declines artificial ventilation

(ii) Patient must demonstrate rapid progression of ALS and at least one life-threatening complication.

(I) Life-threatening complications as demonstrated by one of the following characteristics:

- Two or more episodes of recurrent aspiration pneumonia (with or without tube feedings)
- Upper urinary tract infection (pyelonephritis)
- Sepsis
- Other medical complications not identified above will be reviewed on a case by case basis with appropriate medical justification

4. Reasons for Denial

(i) Patients not meeting the specific medical criteria in this policy.

(ii) Absence of supporting documentation of progression or rapid decline.

(iii) Failure to document terminal status of six months or less.

(iv) Patient is not eligible for full Medicaid benefits.

(g) Hospice Criteria for Adult Cancer

1. Terminal Illness Description: An individual is considered to be terminally ill if the medical prognosis indicates a life expectancy of six months or less.

2. Criteria for initial certification or recertification: Criteria below must be present at the time of **initial certification or re-certification** for hospice. Patients will be considered to be in the terminal stage of cancer (life expectancy of six months or less) if **(i)** or **(ii)** below are present:

(i) Documentation of metastasis or final disease stage is required with evidence of progression as documented by worsening clinical status, symptoms, signs and/or laboratory results.

(ii) Progression from an earlier stage of disease to metastatic disease with either:

(I) A continued decline in spite of therapy, that is, aggressive treatment, or

(II) Patient declines further disease directed therapy.

3. Reasons for Denial

(i) Patients not meeting the specific medical criteria in this policy.

(ii) Absence of supporting documentation of progression or rapid decline.

(iii) Failure to document terminal status of six months or less.

(iv) Patient is not eligible for full Medicaid benefits.

(h) Hospice Criteria for Adult Heart Disease

1. Terminal Illness Description: An individual is considered to be terminally ill if the medical prognosis indicates a life expectancy of six months or less.

2. Criteria for initial certification or recertification: Criteria below must be present at the time of **initial certification or re-certification** for hospice. The medical criteria listed below would support a terminal prognosis for individuals with a diagnosis of heart disease. Medical criteria **(i) and (ii)** must be present as they are important indications of the severity of heart disease and would thus support a terminal prognosis if met.

(i) When the recipient is approved or recertified the:

(I) Patient is already optimally treated with diuretics **and** vasodilators, which may include angiotensin-converting enzymes (ACE) inhibitors or the combination of hydralazine and nitrates. If side effects, such as hypotension

or hyperkalemia, **or** evidence of treatment failure prohibit the use of ACE inhibitors **or** the combination of hydralazine and nitrates, **or** patient voluntarily declines treatment the documentation must be present in the medical records **or** with lab results and medical records submitted upon request.

(ii) The patient has significant symptoms of recurrent congestive heart failure (CHF) at rest, and is classified as a New York Heart Association (NYHA) Class IV:

(I) Unable to carry on any physical activity without symptoms

(II) Symptoms are present even at rest

(III) If any physical activity is undertaken, symptoms are increased

(iii) Documentation of the following factors may provide additional support for end stage heart disease:

(I) Treatment resistant symptomatic supraventricular or ventricular arrhythmias

(II) History of cardiac arrest or resuscitation

(III) History of unexplained syncope

(IV) Brain embolism of cardiac origin

(V) Concomitant HIV disease

(VI) Documentation of ejection fraction of 20% or less

(VII) Angina pectoris, at rest

3. Reasons for Denial

(i) Patients not meeting the specific medical criteria in this policy.

(ii) Absence of supporting documentation of progression or rapid decline.

(iii) Failure to document terminal status of six months or less.

(iv) Patient is not eligible for full Medicaid benefits.

(i) Hospice Criteria for Adult Liver Disease

1. Terminal Illness Description: Coverage of hospice care depends upon a physician's certification of an individual's prognosis of a life expectancy of six months or less if the terminal illness runs its normal course.

2. Criteria for initial certification and recertification: Criteria below must be present at the time of **initial certification**/recertification for hospice. Patients will be considered to be in the terminal stage of liver disease (life expectancy of six months or less) if they meet the following criteria. Documentation in the record must support both **(i) and (ii)**.

(i) Documentation of progression with active decline as evidenced by worsening clinical status, symptoms, signs and laboratory results. The patient's terminal condition must be supported by one or more of the items below:

(I) Clinical Status

I. Recurrent or intractable infections such as

pneumonia, sepsis or upper urinary tract.

II. Documented progressive inanition.

(II) Symptoms

I. Dyspnea with increasing respiratory rate

II. Nausea/vomiting poorly responsive to treatment

III. Diarrhea, intractable

IV. Pain requiring increasing doses of major analgesics more than briefly.

(III) Signs

I. Ascites

II. Edema

III. Weakness

IV. Change in level of consciousness

(IV) Laboratory (When available. Lab testing is not required to establish hospice eligibility.)

I. Increasing pCO2 or decreasing pO2 or decreasing SaO2

II. Increasing liver function studies

III. Progressively decreasing or increasing serum sodium

(V) Decline in Karnofsky Performance Status (KPS) or Palliative Performance Score (PPS) due to progression of disease.

(VI) Progression to dependence on assistance with additional activities of daily living

(VII) History of increasing ER visits, hospitalizations, or physician visits related to the hospice primary diagnosis prior to election of the hospice benefit.

(ii) End stage liver disease is present and the patient shows at least **one** of the following:

(I) ascites, refractory to treatment or patient non-complaint

(II) spontaneous bacterial peritonitis

(III) hepatorenal syndrome (elevated serum creatinine and BUN with oliguria (less than 400ml/day) and urine sodium concentration less than10 mEq/l

(IV) hepatic encephalopathy, refractory to treatment, or patient non-compliant

(V) recurrent variceal bleeding, despite intensive therapy

(iii) Documentation of the following factors will also support eligibility for hospice care:

(I) progressive malnutrition

(II) muscle wasting with reduced strength and endurance

(III) continued active alcoholism (>80 gm ethanol/day)

(IV) hepatocellular carcinoma
(V) HBsAg (Hepatitis B) positivity
(VI) Hepatitis C refractory to interferon treatment

3. Reasons for Denial
(i) Patients not meeting the specific medical criteria in this policy.
(ii) Absence of supporting documentation of progression or rapid decline.
(iii) Failure to document terminal status of six months or less.
(iv) Patient is not eligible for full Medicaid benefits.

(j) Hospice Criteria for Adult Renal Disease

1. Terminal Illness Description: An individual is considered to be terminally ill if the medical prognosis indicates a life expectancy of six months or less.
2. Criteria for initial certification: Criteria below must be present at the time of **initial certification** for hospice. Patients will be considered to be in the terminal stage of renal disease (life expectancy of six months or less) if they meet the following criteria:

(i) ***Acute renal failure*** ~~(I), (II), and (III)~~(I) and (II) must be present~~)~~
(I) Creatinine clearance less than 10 cc/min (less than 15 cc/min. for diabetes)
(II) Serum creatinine greater than 8.0 mg/dl (greater than 6.0 mg/dl for diabetes)
~~(III) Fractional Excretion of Sodium (FENa) greater than 2~~

(ii) ***Chronic renal failure*** **(I), (II), and (III)** must be present~~)~~
(I) Creatinine clearance less than 10 cc/min (less than 15cc/min for diabetes)
(II) Serum creatinine greater than 8.0 mg/dl ~~(6.0 greater than mg/dl for diabetes)~~(greater than 6.0 mg/dl for diabetes)
(III) Glomerular filtration rate (GFR) less than 30 ml/min

3. Criteria for recertification: Criteria below must be present at the time of **recertification** for hospice. Patients will be considered to be in the terminal stage of their illness (life expectancy of six months or less) if they meet the following criteria:

(i) ***Chronic renal failure*** **(I), (II), or (III)** must be present~~)~~
(I) Creatinine clearance less than 10 cc/min (less than 15cc/min for diabetes)
(II) Serum creatinine greater than 8.0 mg/dl ~~(6.0 greater than mg/dl for diabetes)~~(greater than 6.0 mg/dl for diabetes)
(III) Glomerular filtration rate (GFR) less than 30 ml/min

4. Reasons for Denial

(i) Patients not meeting the specific medical criteria in this policy.

(ii) Absence of supporting documentation of progression or rapid decline.

(iii) Failure to document terminal status of six months or less.

(iv) Patient is on dialysis.

(v) Patient is not eligible for full Medicaid benefits.

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Statutory Authority: Title XIX, Social Security Act; 42 CFR Section 418.26; and State Plan Attachment 3.1-A, page 7.18.

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