



ST. JOHN HOME CARE

Hospice Criteria Guidelines

Hospice is a choice of care for comfort when curative measures are no longer an option. An interdisciplinary team provides holistic care that focuses on the physical, emotional, and spiritual aspects of their illness. St John Hospice admits pts without regard to resuscitation status, or ability to pay for services provided. Although a primary caregiver in home is recommended, a patient who lives alone may be admitted if the patient agrees to work with a Social Worker as needed when the patient is unable to care for themselves.

- ≤ 6 month prognosis
- Physician order for Hospice. Physician will follow with orders and agrees to sign death certificate.
- End stage illness
 - End stage HF, COPD, CVA, ALS, AIDS, Renal, Alzheimers, etc.
- Life threatening illness
- Homebound NOT requirement
- Skilled care NOT requirement
- Comfort care with focus on symptom management
- Respite care covered but limited to ≤ 5 days
- PT, OT, SLP, RD, MSW, Spiritual care, HHA, and Volunteer services are covered benefits.
- Bereavement (≤13 months after death) and grief counseling included.
- Inpatient, outpatient , as specified in the plan of care
- Continuous care for crisis
- Medication coverage-all meds related to terminal illness
- DME-100%, as specified in plan of care

Palliative Care Criteria Guidelines

Goal: to prevent and relieve suffering and to support the best possible quality of life for the patient and family/caregivers.

Palliative care criteria are the same as Certified admission criteria, however

- The patient needs to be experiencing pain and/or symptom management issues
- The patient needs to agree to admission under Palliative Care program. They will be in the Certified Palliative Care program
- Multidisciplinary team care: RN, MSW, Spiritual Care, HHA, and therapy as needed

Adult Palliative Care Phone Support Program Criteria Guidelines

Goal: to prevent and relieve suffering and to support the best possible quality of life for the patient and family/caregivers.

- Weekly supportive telephone calls by an RN to patients who are experiencing pain and/or symptom management. Teaching on disease process, symptom management, pain control, to better understand disease and make informed decisions regarding care and treatment.
- Visits as needed by: RN (24 hr visits), MSW, Spiritual Care, HHA, and Therapy

HAP IN HOME SUPPORT PROGRAM

All members with HAP HMO, HAP POS, Senior Plus, Medicare Complementary, Alliance Medicare PPO and AHL product lines are eligible. Excluded: members already enrolled in Hospice.

Program Criteria is based on members who have 2 or more inpatient stays in the past 6 months; AND any of the following four conditions:

- COPD
- CHF
- Metastatic CA
- Decline and debility based on member being 75y/o or older AND diagnosed with one of the following:
 - Senility without mention of psychosis
 - Nutritional debility
 - Nervous debility
 - Adult Failure to Thrive

Homebound and skilled care are not requirements for this program.

Call HAP In Home Support Coordinator for further information. 1-800-248-2298

Certified Criteria Guidelines

Certified line of business may provide: RN, LPN, PT, OT, SLP, MSW, HHA, and Nutrition consultation. Infusion services may also be provided.

Medicare patients (and many other insurances that follow the MC guidelines) have requirements for admission under their coverage such as homebound, need for skilled care, and care that is reasonable and necessary.

- **Homebound**: restricts the ability to leave residence except with the aid of supportive devices, special transportation, or assistance of another person
 - ◆ Physician certification that the patient is confined to the home (not bedridden)
 - ◆ The patient's condition inhibits normal ability to leave home independently and requires considerable and taxing effort
 - ◆ The absences from the home are:
 - infrequent
 - of relatively short duration
 - to receive health care treatment that is not available in the home setting, i.e., dialysis, chemotherapy, radiation, whirlpool treatments, etc.
 - ◆ Absences may be for nonmedical reasons, such as:
 - Religious services
 - Occasional barber/hairdresser visits
 - Walk around the block
 - Short drive
 - Attendance at family reunion, funeral, graduation or other infrequent or unique event
 - ◆ Other medical issues that may qualify a person as homebound:
 - Immunocompromised
 - Psychiatric problems (refusal to leave home)
 - Safety (unsafe to leave alone, such as Alzheimers or dementia)

- **Skilled Care**: care that requires the services of an RN, LPN, PT, or SLP. Venipuncture only is not a skilled service. Non-skilled services performed by a skilled person do not make the service skilled.
- **Reasonable and Necessary**: The inherent complexity of the service is such that it can be safely and/or effectively performed by or under the general supervision of a skilled professional. The service must be reasonable and necessary for the diagnosis or treatment and consistent with the nature and severity of the patient's illness or injury. The patient's overall medical condition, not the diagnosis alone, should be taken into consideration when looking at skilled care and reasonable and necessary services.
- **Intermittent**: skilled care that is either provided or needed on fewer than 7 days each week or less than 8 hours of each day for periods of 21 days or less with extensions in exceptional circumstances when there is a finite and predictable end date.

Infusion Services Guidelines

General Guidelines:

- Due to the numerous variances of insurance criteria and formularies, insurances need to be verified as soon as a potential home infusion patient is identified.
 - A diagnosis appropriate to the ordered therapy.
 - St. John Infusion employee will notify the referral source with the specific coverage and whether or not we are able to provide care (some insurances have preferred providers).
 - Medication order or Physician's progress note detailing medication and dosage the patient will be sent home on. Verbal orders can be taken from the physician.
 - Patient must be able to perform the procedures to maintain the IV line and the administration of medication. In lieu of the patient's ability to perform these procedures, a willing and able caregiver can perform the infusion administration.
 - An appropriate central or peripheral line, depending upon the medication to be infused (i.e. a long-term TPN requires a central line).
 - An IV access line needs to be placed before discharge from the hospital. A peripheral access line can be placed in the home for short-term infusions.
 - Patient needs access to a telephone, water and refrigeration.
 - Licensed Physician to medically manage the on-going patient progress.
 - Infusion Services will monitor lab results and recommend appropriate dosing.
- **TPN**: Patient's with a non-functioning gastro-intestinal system or severe nutritional depletion. Patient cannot have a functioning G- or J-tube (i.e. enteral therapy is not possible). Pre-discharge teaching and assessment session is recommended; a TPN formula, which has been verified by stable lab value. TPN administration requires an infusion pump. Labs will be draw at least weekly for clinical monitoring.
 - **Catheter Care**: For insurance coverage, an infusion (i.e. antibiotic) must have been administered before catheter care supplies is covered. Patient must not be getting any type of IV medication in a doctor's office or clinic, for the catheter care supplies to be covered.
 - **Inotropes**: Patients who are cardiac compromised, as evidenced by a right heart catheterization and is maximized on all available cardiac medications. A licensed cardiologist must follow the patient. Inotropes must be started in an acute care facility and patient must be stabilized on the dose he/she will go home on. On-going monitoring equipment includes a blood-pressure cuff; a flow administration pump; and a scale to

monitor the patient's weight. Patient must have a willing and able caregiver and have a telephone.

- **Antibiotics/Antivirals:** Patients who have an infection and are unable to be treated by oral antibiotics/antivirals. Labs to be drawn weekly for clinical monitoring.
- **Steroids:** Can be for short or long-term administration.
- **Hydration:** Diagnosis applicable to therapy.
- **Enteral Therapy:** Patient with a non-functional gastro-intestinal system. Patient must not be able to swallow enough nutrients to maintain life (i.e. diagnosis of dysphagia; failed swallow study). Patient must have a diagnosis or condition to support the necessity for any specialized formulas (i.e. diabetes mellitus for Glucerna©). Cognitive disorders are not covered for enteral therapy to be paid in the home by Medicare. HAP HMOs do not cover enteral formula, just the enteral supplies.
- **Medicare Part D prescription coverage for Infusion Services:** Patients are 50% responsible for the first \$2,500 of medication expenditures and 100% responsible for the next \$2,500. After that, the patient has 80% coverage for prescriptions. If the patient with Part D has secondary Medicaid, they will be covered for home Infusions, with nominal co-pay per medication, from the first day of infusion service.