

Hospice Care: support and care for persons in the last phase of an ostensibly incurable disease process. It is essentially palliative care exclusive of curative or life-prolonging interventions. In general, life expectancy would be less than six months. Hospice care may be initiated as inpatient or outpatient (either home-bound or not home-bound).

Hospice care is available for members who meet criteria as defined below:

General Criteria for Admission into Hospice Program

The physician certifies that the member has an established diagnosis, whether from a malignant or non-malignant cause, with a life expectancy of 6-12 months or less if the terminal illness runs its normal course* and, in the case of Hospice Care, members and their families have decided to forgo therapies with curative or life-prolonging intent (*see definition of illness*). In addition, the member needs palliative treatment (“comfort care”) since continued aggressive work-up, treatment and hospitalizations are deemed to be medically futile. The services will be provided according to a doctor-prescribed treatment plan. All hospice services will be provided by a licensed Hospice Care Organization with appropriately qualified/licensed personnel. Continuity of care will be assured for the member and family regardless of setting (outpatient or inpatient). Hospice care will be available 24 hours a day, seven days a week.

* Normal course defined as: steady, continual decline in function without unexpected remission of disease.

Available Services:

Resources available may include any of the following, depending on the type of care requested and the specific case under consideration:

- Professional services of a registered nurse, licensed practical nurse, or licensed vocational nurse;
- Physical therapy, occupational therapy, and speech therapy;
- Medical and surgical supplies and durable medical equipment;
- Prescribed drugs;
- In-home laboratory services;
- Medical social service consultations;
- Inpatient hospice room, board, and general nursing service;
- Family counseling related to the member’s terminal condition;
- Dietitian services;
- Pastoral services;
- Bereavement services;
- Educational services;

Home health aide services consisting primarily of a medical or therapeutic nature and furnished to a member who is receiving appropriate nursing or therapy services

Home Care Visits

VCHCP considers visits by all skilled services (i.e., skilled nursing and/or home health aide services, physical, occupational and speech therapies, medical social services and nutritional services) appropriate if deemed medically necessary by the member's primary or specialist care provider.

Determination of home-bound vs non-home-bound status will be made by the member's primary or specialist care provider in consultation with home health services.

Inpatient Hospice Care

VCHCP considers acute inpatient hospice care** medically appropriate when any of the following is met:

1. Member requires short-term inpatient palliative hospice care consisting of discomfort evaluation and development of a program aimed at the reduction or abatement of pain and symptoms (physical, sociological, spiritual, emotional or psychological) which will make it possible for the member to enjoy quality of life after returning to the home setting in a few days.
2. Family members are unable to provide care or cope with the member at home, or when an illness results in problems which are difficult to deal with at home
3. The member requires skilled and professional acute or intensive care as the illness progresses
4. Member is admitted for short-term management of pain or symptoms to give family members relief for a brief period of time (known as *respite care****)

** **Note:** Inpatient hospice presumes a plan of care that is primarily focused on symptom control and not on diagnostic work-up or aggressive therapy of the underlying disease.

*****Note:** VCHCP considers respite care only for a maximum of five (5) consecutive days at a time, but it can only be provided on an occasional basis.

Discharge Criteria:

1. Member's condition improves and the disease goes into remission such that member can return home and go about daily life
2. Hospice member or his/her legal decision maker wishes a return to aggressive therapy
3. Member requires and agrees to a return to aggressive therapy for cure of disease modification to prolong life, as determined by the member's medical team
4. Member can or prefers to be adequately managed at home, either with in-home services or, if possible, with periodic clinic visits

Non-Covered Services

VCHCP does not consider any of the following medically appropriate, therefore not covered:

- Homemaker services such as cooking and housekeeping, food or meals, or private duty nursing services;
- Services provided to other than the terminally ill member, excluding bereavement counseling for enrollee family members which is a covered benefit;
- Services performed by family members or volunteer workers;
- Homemaker or housekeeping services, except by home health aides, as ordered in the hospice treatment plan;
- Supportive environmental materials, including but not limited to handrails, ramps, air conditioners, and telephones;
- Normal necessities of living, including but not limited to food, clothing and household supplies;
- Food service, such as “Meals on Wheels;”
- Separate charges for reports, records, or transportation.
- Legal and financial counseling services;
- Services and supplies not included in the hospice treatment plan or not specifically set forth as a hospice benefit.

Definitions of Illness:

Cancerous Terminal Illnesses

The patient’s condition is defined as terminal cancer disease only after all known effective acceptable oncological treatments have failed. It is also believed that the cancer will cause a rapid decline resulting in death within 6 months.

Non-Cancerous Terminal Illnesses

Recognizing that determination of life expectancy during the course of a non-cancerous terminal illness is difficult, medical criteria for determining prognosis based on available scientific research appears to be a reasonable approach for determining prognosis. However, some members may not meet the criteria, yet still be appropriate for hospice care, because of other comorbidities or rapid decline. Coverage for these patients may be approved on an individual consideration basis.

Terminal Illnesses

A terminal illness is an incurable or irreversible condition that has a high probability of causing death within one year or less.

A: Attachment: None

B. History:

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9/13/18	Yes	Catherine Sanders, MD; Robert Sterling, MD	Definition of Terminal Illness: A terminal illness is an incurable or irreversible condition that has a high probability of

			causing death within one year or less.
2/14/19	No	Catherine Sanders, MD; Robert Sterling, MD	Annual Review
5/9/19	Yes	Robert Sterling, MD	Removed reference to Palliative Care as a new Palliative Care Program Policy was created.
2/13/20	No	Howard Taekman, MD; Robert Sterling, MD	Annual Review

C. References:

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