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| Referral Date  |
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| **PATIENT INFORMATION** |
| Patient Name: Diagnosis: ICD-10 code:  Phone: Address (include Zip): ID/CIN Number: Male Female Date of Birth: Age: Language: PCP/Specialist Name & Phone: Health Plan: LOB: [ ] Medicare [ ] Medi-Cal [ ] Commercial [ ] PPOLocation: [ ]  Hospital [ ]  SNF [ ]  Home [ ]  Other: If Hospital or SNF, Anticipated Discharge Date: Anticipated Disposition: [ ]  Home with Caregiver Support [ ] Home without Caregiver Support [ ]  Home with Home Health [ ]  Home with Home Infusion Therapy [ ]  Board & Care   [ ]  Shelter [ ]  Other community living situation |
| **REFERRAL SOURCE INFORMATION** |
| [ ]  Internal Referral (circle one): UM, CM, BH, Member Services, Other [ ]  External Referral (circle one): Hospital, SNF, Outpatient Provider, Other Name: Organization: Specialty or Role: Address (include Zip): Phone: Fax: Email: Alt Contact Name & Phone:  Patient meets basic eligibility/screening guidelines or other health plan specific diagnostic criteria for a full Palliative Care Service Evaluation (**see reverse side**). Current referral prompted by: [ ]  Patient is using the hospital or ED to manage symptoms  [ ]  Uncontrolled symptoms related to underlying disease (e.g., pain, shortness of breath, vomiting)  [ ]  Inadequate home, social, family support Pertinent history, medical records, test results, x-rays, etc. attached.**Was member or authorized representative informed of this referral?** [ ]  Yes [ ]  NoSignature: Date:  |
| **Referring patient for palliative care service evaluation**Please mark faxes CONFIDENTIAL. Please send from secure email.[ ]  **Blue Shield Promise - fax # 323-889-2109** email:  **BSCPHP\_PalliativeCare@blueshieldca.com** [ ]  **Health Net/CHW - fax # 844-907-0436** email: **CareConnections@HealthNet.com**[ ]  **LA Care - fax # 213-438-4866** email:**MLTSS@LACare.org**[ ]  **Molina - fax # 800-811-4804** |

# PLEASE TURN THE PAGE FOR ELIGIBILITY/SCREENING GUIDELINES

Blue Shield of California Promise Health Plan is an independent licensee of the Blue Shield Association

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| ***Disclaimer:*** *The criteria noted below are the Medi-Cal minimal criteria. Medi-Cal members may continue to access both palliative care and curative care until the condition improves, stabilizes, or results in death. Exceptions to these criteria are optional based on specific health plan policy and line of business (Medi-Cal, Medicare, PPO, HMO, etc.). Health Plan will review referrals for most appropriate care or program.* |
| **Section 1: Adults**1. **General Eligibility Criteria (*Must meet ALL)* B. Disease Specific Criteria *(Must meet ONE)***
 |
| * **Using/expected to use the hospital and/or ED to manage their illness**
* **Advanced illness with decline**
* **Death within one year is not unexpected**
* **Member will try in home or outpatient management prior to using the ED**
* **Member will participate in advance care planning**
 | * **CHF**
* *NYHA class III or IV or hospitalized for CHF with no further invasive interventions planned, and*
* *Ejection fraction < 30% or significant co-morbidities*
* **COPD**
* *FEV1 < 35 % predicted or*
* *Oxygen requirement ≥ 3 L / min*
* **Advanced cancer**
* *Stage III or IV solid organ cancer, lymphoma, or leukemia and*
* *Karnofsky Performance Scale ≤ 70% or has failed two lines of standard therapy.*
* **End stage liver disease**
* *Irreversible liver damage, Albumin < 3.0 and INR 1.3 and*
* *Ascites, subacute bacterial peritonitis, hepatic encephalopathy, hepatorenal syndrome, or recurrent esophageal varices, or*
* *Evidence of irreversible liver damage and MELD score of > 19*
* **Other:**
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| **Section 2: Pediatrics**1. **General Eligibility Criteria (*Must meet ALL)* B. Disease Specific Criteria *(Must meet ONE)***
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| * **The member is under age 21**
* **The family and/or legal guardian agrees to the provision of pediatric palliative care services**
* **Member has a life-threatening illness**
 | * **Conditions for which curative treatment is possible, but may fail,** *e.g. Advanced or progressive cancer or complex and severe congenital or acquired heart disease.*
* **Conditions requiring intensive long-term treatment aimed at maintaining quality of life,** *e.g. Human immunodeficiency virus infection, cystic fibrosis, or muscular dystrophy.*
* **Progressive conditions for which treatment is exclusively palliative after diagnosis,** *e.g. Progressive metabolic disorders or severe forms of osteogenesis imperfecta.*
* **Conditions involving severe, non-progressive disability, or causing extreme vulnerability to health complications,** *e.g. Extreme prematurity, severe neurologic sequelae of infectious disease or trauma, severe cerebral palsy with recurrent infection or difficult-to-control symptoms.*
* **Other:**
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# SUBMIT PERTINENT HISTORY, MEDICAL RECORDS, TEST RESULTS