



Referral to (check one):

- Stanislaus County** - Community Care Choices, Phone (209) 578-6333 , Fax (209) 541-3289
- San Joaquin County** - Transitions Palliative Care, Phone (209) 922-0263, Fax (209) 922-0321

Patient Name: _____ DOB: _____ Member ID: _____

Patient Phone Number: _____

Admissions Order/Eligibility Check List (If applicable)

- Inpatient Palliative Care Consultation Completed
- Home Health Referral Completed

Patient must meet ALL general eligibility criteria AND at least ONE of the four disease specific eligibility requirements:

General Eligibility Criteria (CHECK ALL THAT APPLY):

- Likely to or has started to use hospital or emergency department to manage his/her advanced disease. This refers to unanticipated decompensation and does not include elective procedures
- Has an advanced disease as defined in the disease specific criteria below with appropriate documentation of continued decline in health status, and is not eligible for or declines hospice enrollment
- Death within 1 year would not be unexpected based on clinical status
- Has received appropriate patient-desired medical therapy or such treatment is no longer effective. Patient is not in a reversible acute decompensation
- The patient and family (if applicable) agrees to; attempt, as medically/clinically appropriate, in-home, residential-based, or outpatient disease management/Palliative Care instead of first going to the emergency department **AND** Participates in Advanced Care Planning discussions

Disease-Specific Eligibility Criteria (CHECK ALL THAT APPLY):

- Congestive Heart Failure (CHF): Must meet (a) **AND** (b)
 - a)** Hospitalized due to CHF as the primary diagnosis with no further invasive interventions planned **OR** meets criteria for NYHA heart failure classification III or higher; **AND**
 - b)** Has an Ejection Fraction of less than 30% for systolic failure **OR** significant co-morbidities
- Chronic Obstructive Pulmonary Disease (COPD): Must meet (a) **OR** (b)
 - a)** Forced Expiratory Volume (FEV) 1 less than 35 % of predicted **AND** a 24-hour oxygen requirement of less than three liters per minute; **OR**
 - b)** 24-hour oxygen requirement of greater than or equal to three liters per minute
- Advanced Cancer: Must meet (a) **AND** (b)
 - a)** Stage III or IV solid organ cancer, lymphoma, or leukemia; **AND**
 - b)** Karnofsky Performance Scale (KPS) score less than or equal to 70% **OR** has failure of two lines of standard care therapy (Chemotherapy or Radiation Therapy)
- Liver Disease: Must meet (a) **AND** (b) combined **OR** (c) Alone
 - a)** Irreversible liver damage, serum albumin less than 3.0, and International Normalized Ratio (INR) greater than 1.3; **AND**
 - b)** Ascites, subacute bacterial peritonitis, hepatic encephalopathy, Hepatorenal syndrome, or recurrent esophageal varices; **OR**
 - c)** Evidence of Irreversible liver damage **AND** has a Model for End Stage Liver Disease (MELD) score of greater than 19

Physician Name: _____ Signature: _____

Date: _____ Hospital/Clinic: _____ Phone: _____