

Dementia

If you have a patient with dementia, they may be eligible for hospice.

Only one in three people in the United States eligible for hospice care receives it – even though hospice is covered by Medicare and most Medicaid and commercial insurance plans for eligible patients. This even includes coverage for medications and supplies related to the life-limiting illness. Why aren't more people taking advantage of the benefit? Largely because people don't understand all that hospice can offer – or because they are not aware of the many diagnoses that can qualify a patient for hospice.

If you have a patient with **dementia** that meets the following criteria, they may be eligible for hospice services:

The patient has both 1 and 2:

1. Stage 7C or beyond according to the Functional Assessment Staging Scale* with all of the following:

- Inability to ambulate without personal assistance (e.g., requires assistance from another person to ambulate)
- Inability to dress or bathe without assistance
- Urinary and fecal incontinence, intermittent or constant
- Speech ability is 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)

AND

2. Has had at least one (1) of the following conditions within the past twelve (12) months:

- Aspiration pneumonia
- Pyelonephritis or other upper urinary tract infection
- Septicemia
- Decubitus ulcers, multiple, stage 3-4
- Fever, recurrent after antibiotics
- Other significant event or condition that suggests a limited prognosis
- Inability to maintain sufficient fluid and calorie intake demonstrated by either of the following:
 - A. 10% weight loss during the previous six (6) months

OR

- B. Serum albumin < 2.5 gm/dl

In the absence of one or more of these findings, rapid decline or comorbidities may also support eligibility for hospice care.

Patients are eligible for hospice care if in the physician's clinical judgment they have a life expectancy of six months or less. These determinants are to be used as guidelines and do not take the place of a physician's clinical judgment. Coverage for hospice care may still be appropriate for patients not meeting these determinations due to comorbidity or rapid decline.

* See the reverse side of this card for Functional Assessment Staging Scale.

Please contact VistaCare at 1-866-VISTACARE if you would like to refer a patient or have any additional questions about hospice eligibility. Or, feel free to use our online Hospice Referral Form at <http://www.VistaCare.com/eligibility/referral>.



Dementia

Functional Assessment Staging (FAST)

Check highest consecutive level of disability:

- 1. No difficulty either subjectively or objectively.
- 2. Complains of forgetting location of objects. Subjective work difficulties.
- 3. Decreased job functioning evident to co-workers. Difficulty in traveling to new locations. Decreased organizational capacity.*
- 4. Decreased ability to perform complex tasks, e.g., planning dinner for guests, handling personal finances (such as forgetting to pay bills), difficulty marketing, etc.*
- 5. Requires assistance in choosing proper clothing to wear for the day, season, or occasion, e.g., patient may wear the same clothing repeatedly unless supervised.*
- 6.
 - a) Improperly putting on clothes without assistance or cueing (e.g., may put street clothes on over night clothes, or put shoes on wrong feet, or have difficulty buttoning clothing) occasionally or more frequently over the past weeks.*
 - b) Unable to bathe properly (e.g., difficulty adjusting the bath-water temperature) occasionally or more frequently in the past weeks.*
 - c) Inability to handle mechanics of toileting (e.g., forgets to flush the toilet, does not wipe properly or properly dispose of toilet tissue) occasionally or more frequently over the past weeks.*
 - d) Urinary incontinence (occasionally or more frequently over the past weeks).*
 - e) Fecal incontinence (occasionally or more frequently over the past weeks).*
- 7.
 - a) Ability to speak limited 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.
 - b) Speech ability is 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).
 - c) Ambulatory ability is lost (cannot walk without personal assistance).
 - d) Cannot sit up without assistance (e.g., the individual will fall over if there are not lateral rests [arms] on the chair).
 - e) Loss of ability to smile.
 - f) Loss of ability to hold head up independently.

* Scored primarily on the basis of information obtained from knowledgeable informant and/or caregiver.

Reisburg, B. Functional assessment staging (FAST). *Psychopharmacology Bulletin* 1988; 24:653-659

Please contact VistaCare at 1-866-VISTACARE if you would like to refer a patient or have any additional questions about hospice eligibility. Or, feel free to use our online Hospice Referral Form at <http://www.VistaCare.com/eligibility/referral>.

