MEET McLAREN

HOMECARE AND HOSPICE SERVICES

McLaren Health Care provides a continuum of home-based care to support patients with complex medical needs. Our services include homecare for patients who require skilled clinical care at home and hospice care for patients with advanced illnesses focused on comfort, dignity, and quality of life.

HOMECARE

McLaren Homecare provides clinical care, therapy, and education in the home to help patients recover from illness, manage chronic disease, and reduce the risk of hospital readmission. Physician or a qualified provider order/certification is required to begin homecare services.

ELIGIBILITY REQUIREMENTS

Medicare guidelines require:

- The need for intermittent skilled care
- The patient must be homebound, meaning leaving the home requires a considerable and taxing effort

Requirements for other insurance providers may vary.

Homecare Services

By physician order, homecare services may include:

- Skilled nursing
- Physical therapy
- Occupational therapy
- Speech therapy
- Medical social services
- Home health aide services
- Infusion therapy
- Dietary services
- Telehealth therapy for stroke and Parkinson's patients

Concurrent Treatments

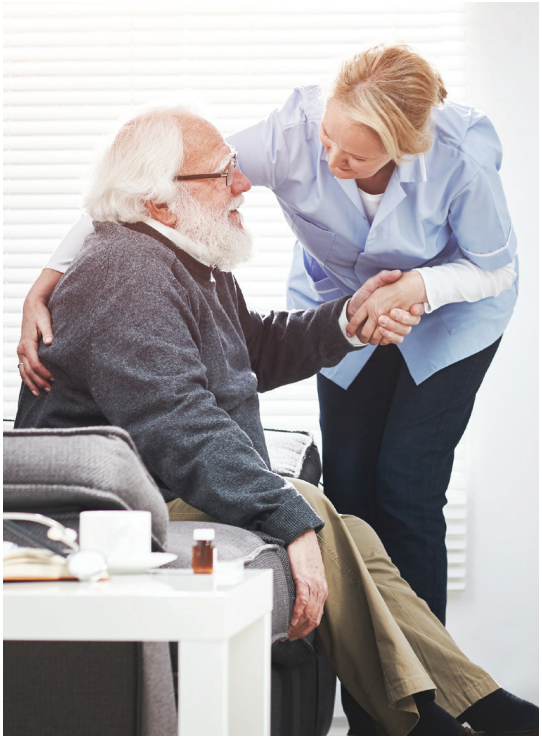
Patients receiving homecare may also continue treatments such as:

- Total parenteral nutrition (TPN)
- Dialysis
- Blood transfusions
- Chemotherapy
- Radiation therapy

(This list is not all inclusive.)

McLaren
HEALTH MANAGEMENT GROUP

mclaren.org/healthmanagement



HOMECARE SPECIALTY PROGRAMS

McLaren Homecare offers specialty programs designed to support recovery and chronic disease management:

- Maximum Mobility – a comprehensive approach to balance
- Joint Express at Home – therapy following hip and knee replacement
- Stroke Care
- Chronic Care – disease management and education for COPD and CHF
- Telehealth to remotely monitor patient vital signs
- Specialty infusion services
- Lifeline personal emergency response system

HOSPICE CARE

McLaren Hospice offers physician-led, interdisciplinary care for patients with advanced illness, focusing on comfort, dignity, and quality of life when curative treatment is no longer pursued, with coordinated support across care settings.

Physician or qualified provider order/certification is required to begin hospice services. A physician order is not required for a hospice consult.

ELIGIBILITY REQUIREMENTS

Medicare guidelines require:

- A terminal illness as defined by disease-specific criteria
- A life expectancy of six months or less if the illness follows its normal course

HOSPICE SERVICES

McLaren Hospice offers clinically focused services delivered by an interdisciplinary team that may include:

- Physician services
- Skilled nursing care with 24/7 support
- Symptom management (pain, dyspnea, nausea, etc.)
- Coordination of medications and medical equipment
- Medical social services
- Hospice aide services
- Spiritual care
- Volunteer services
- Therapy services (physical, occupational, speech) when clinically appropriate
- Dietary services when indicated
- Short-term respite care or hospitalization for symptom management
- Counseling and bereavement services for families

SPECIALTY HOSPICE PROGRAMS

- Music therapy
- Massage therapy
- Pet therapy

CLINICAL TRIGGERS FOR HOSPICE CONSIDERATION

Providers should consider hospice referral for patients with progressive decline despite disease-directed therapy.

Clinical Status

- Recurrent or intractable infections (pneumonia, sepsis, upper UTI)
- Progressive weight loss not related to reversible causes
- Decreasing anthropometric measures such as BMI or muscle mass
- Dysphagia with recurrent aspiration or inadequate oral intake
- Persistent or increasing symptom burden including:
  - Pain requiring ongoing major analgesics
  - Dyspnea at rest
  - Nausea or vomiting refractory to treatment
  - Intractable diarrhea
  - Frequent hospitalizations, emergency visits, or physician visits related to the primary diagnosis

Functional Decline

- Dependence on two or more ADLs including feeding, transfer, ambulation, dressing, bathing, or continence
- Karnofsky Performance Status (KPS) ≤70%
- Progressive cognitive decline or dementia (FAST Stage 7 or higher)

Recent Clinical Changes

- Multiple hospital visits or readmissions
- Increased confusion or agitation
- Recent falls
- Onset of incontinence
- New wounds, pressure ulcers, or stage 3–4 decubitus ulcers
- Decline in oral intake or significant weight loss

Common Diagnoses for Hospice Eligibility

- Alzheimer's disease and related dementias
- Cancer with distant metastases or progressive decline despite therapy
- Heart disease including NYHA Class IV heart failure
- Congestive heart failure (CHF)
- Respiratory diseases including COPD and chronic lung disease
- Stroke and vascular disease
- Diabetes mellitus with progressive complications
- End-stage renal or liver disease
- Amyotrophic lateral sclerosis (ALS)
- HIV/AIDS with advanced disease or opportunistic infections

REFERRAL PROCESS

Providers should:

1. Identify patients meeting hospice criteria based on clinical, functional, or disease-specific indicators.
2. Document supporting data including:
   - Laboratory and imaging findings
   - Hospitalizations and disease progression
   - ADL decline and functional assessments
3. Contact McLaren Hospice for evaluation and coordination.

Hospice care may be provided in the patient's home, assisted living facility, skilled nursing facility, or hospital. Patients may also be admitted without a primary caregiver if alternate safety plans are developed.

Contact Information

Phone: (866) 323-5974

Fax: (866) 571-9636

mclaren.org/healthmanagement

DISEASE-SPECIFIC CLINICAL GUIDANCE

HEART FAILURE	• NYHA Class IV heart failure or EF ≤20% • Frequent exacerbations requiring hospitalization or emergency department visits • Symptoms at rest despite optimal therapy • Treatment-resistant arrhythmias or history of cardiac arrest • Co-morbid conditions contributing to functional decline
DEMENTIA	• FAST Stage 7 or greater • Inability to ambulate, dress, or bathe without assistance • Urinary and fecal incontinence • Limited verbal communication • Documented cognitive and functional decline over 6–12 months • Complications such as aspiration pneumonia, recurrent infection, pressure ulcers, recurrent fever, or >10% weight loss
ALS	• Vital capacity ≤30% • Dyspnea at rest or need for supplemental oxygen • Rapid progression requiring major assistance with ADLs • Nutritional compromise including weight loss or dehydration • Complications such as aspiration pneumonia or pressure ulcers • Patients declining artificial ventilation or feeding interventions
RENAL DISEASE	• Not pursuing dialysis or renal transplant • Creatinine clearance <10 cc/min (<15 cc/min for diabetics) • Serum creatinine >8 mg/dL (>6 mg/dL for diabetics) • Intractable hyperkalemia, uremia, oliguria, or uremic complications
PULMONARY DISEASE	• Severe chronic lung disease with disabling dyspnea at rest • Hypoxia at rest (PaO_2 ≤55 mmHg or SpO_2 ≤88% on oxygen) • Hypercapnia ($PaCO_2$ ≥50 mmHg) • Frequent hospitalizations for respiratory infections or failure • Right-sided heart failure due to pulmonary disease • Unintentional weight loss greater than 10% in six months
LIVER DISEASE	• End-stage liver disease with refractory ascites, variceal bleeding, encephalopathy, or hepatorenal syndrome • Prothrombin time >5 seconds or INR >1.5 • Serum albumin <2.5 g/dL • Progressive malnutrition or hepatocellular carcinoma
HIV/AIDS	• CD4+ count <25 cells/mcL or viral load >100,000 copies/mL • Opportunistic infections or malignancies • Wasting ≥10% lean body mass • Persistent diarrhea or advanced AIDS dementia
STROKE AND COMA	• KPS or PPS ≤40% • Inability to maintain nutrition or hydration • Severe dysphagia preventing intake • History of pulmonary aspiration not responsive to intervention • Significant imaging findings for hemorrhagic stroke