

Nursing Home/Hospice Coordination of Care 4/30/2009

Language in italics is stated verbatim from CMS regulation, interpretive guidelines, or manuals as dated.

The following federal regulatory requirements/guidelines are utilized when a Medicare-Certified Hospice has a patient that resides in a Long Term Care Facility, and when a resident of a Long Term Care Facility has elected the Medicare Hospice Benefit.

These need to be read and used in conjunction with all other applicable Long Term Care and Hospice Guidelines. Surveyor investigation focuses on areas addressed in these guidelines.

CMS Guidelines are subject to change. For the most up to date CMS guidelines, please Reference:

http://www.cms.hhs.gov/manuals/downloads/som107_Appendicestoc.pdf

CMS State Operations Manual (SOM) Appendix P - Survey Protocol for Long Term Care Facilities in part: (Rev. 04/10/2009)

TRADITIONAL SURVEY

Task 4- Sample Selection

3. Special Factors to Consider in Sample Selection

*Residents must be selected for both the Phase I and Phase 2 samples as representatives of concerns to be investigated and to fulfill the case mix stratified sample requirements. If during sample selection, many more residents are identified than can be selected to represent the concerns of interest, **consider** the factors below in determining which residents to select:*

- *New Admissions;*
- *Residents most at risk of neglect and abuse;*
- *Residents in room in which variances have been granted for room size or number of bed in room;*
- ***Residents receiving hospice services;***
- *Residents with end stage renal disease;*
- *Residents under the age of 55; residents with mental illness or Mental Retardation; and*
- *Resident who communicate with non-oral communication devices, sign Language, or speak a non-dominant language of the facility*

THE QUALITY INDICATORS SURVEY (QIS)

The QIS survey is used as the survey of record only for states that have received CMS approval, and only by surveyors who have completed QIS training.

The QIS standard survey consists of the following tasks (details are contained in the QIS Surveyor Training Manual, which is incorporated by reference):

Entrance Conference Worksheet: QIS Facility Copy

11. A list of residents who receive ventilator, dialysis (whether in or out of the facility), Certified Medicare hospice and/or end of life services.

Task 7: Stage II: Sample selection (surveyor checklist):

42. Surveyor-initiate the following:

One resident in each, as available, for the three Care Areas from the Ventilator, Dialysis and Certified-Medicare hospice/ End of Life services list completed by the facility (a resident could possibly meet criteria and be initiated for more than one of the three categories).

(04/10/2009 Task 5C in Appendix p moved to Appendix PP- F309)

Review of a Resident Receiving Hospice Care

*When a facility resident has also elected the Medicare hospice benefit, the hospice and the nursing home must communicate, establish, and agree upon a coordinated plan of care for both providers which reflect the hospice philosophy. The plan of care **must** include directives for managing pain and other uncomfortable symptoms and be revised and updated as necessary to reflect the individual's current status.*

This coordinated plan of care must identify the care and services which the SNF/NF and hospice will provide in order to be responsible to the unique needs of the patient/resident and his/her expressed desire for hospice care.

The SNF/NF and the hospice are responsible for performing each of their respective functions that have been agreed upon and included in the plan of care.

The hospice retains overall professional management responsibility for directing the Implementation of the plan of care related to the terminal illness. For residents receiving Hospice benefit care, evaluate if:

- The plan of care reflects the participation of the hospice, the facility, and the patient to the extent possible;*
- The plan of care includes directives for managing pain and other uncomfortable symptoms and is revised and updated as necessary to reflect the individual's current status;*
- Drug and medical supplies are provided as needed for the palliation and management of the terminal illness and related conditions;*
- The hospice and the facility communicate with each other when any changes are indicated to the plan of care;*
- The hospice and the facility are aware of the other's responsibilities in implementing the plan of care.*
- The facility's services are consistent with the plan of care developed in coordination with the hospice, (the hospice patient residing in a SNF/NF should not experience any lack of SNF/NH services or personal care because of his/her status as a hospice patient); and*

- *The SNF/NF offers the same services to its residents who have elected the hospice benefit as it furnishes to its residents who have not elected the hospice benefit.*

NOTE: If there are concerns, about the resident in relation to care provided by the hospice agency, refer the issue to the State Agency responsible for surveying hospices.

QIS – STAGE II

The Critical Element Pathway for Hospice and/or Palliative Care, *use this protocol for a resident who is receiving hospice and/or palliative care.*

CMS State Operations Manual (SOM) Appendix M - Survey Protocol for Hospice: (Version 1.1, November 2008)

HOSPICE

CMS 418.112 Condition of Participation: - Hospices that provide hospice care to residents of a SNF/NF or ICF/MR

In addition to meeting the condition of participation at 418.10 through 418.116, a hospice that provides hospice care to residents of a SNG/NF or ICF/MR must abide by the following additional standards.

418.112 (a) Standard: resident eligibility, election and duration of benefits

Medicare patients receiving hospice services and residing in a SNF/NF or ICF/MR are subject to the Medicare hospice eligibility criteria set at 418.20 through 418.30

418.112 (b) Standard: Professional Management

The hospice must assume responsibility for professional management of the resident's hospice services provided. The term professional management for a hospice patient that resides in a SNF/NF or ICF/MR has the same meaning that it has if the hospice patient were living in his/her own home. Professional management involves assessing, planning, monitoring, directing and evaluating the patient's/resident's hospice care across all settings.

Responsibility of the Hospice

- Resident Assessment
- Coordinate Plan of Care with Nursing Home
- Provide Hospice Care and Services
- Financial Responsibility for the terminal illness and related conditions
- Professional Management
- Monitor Care Review and Update
- Determine Level of Care
- QAPI
- Orient and Train Nursing Home staff
- Interdisciplinary Group (IDG)
- Meet all Hospice CoP's

Responsibility of the Nursing Home

- Resident Assessment

- Maintain MDS/RAI
- Provide personal care
- Coordinate plan with hospice
- Provide activities
- Give medications
- Orient Hospice staff
- Clean room
- Activities of Daily Living
- Notify hospice of any change in condition
- Meet all Nursing Home CoP's

418.112 (c) (4) *The SNF/NF or ICF/MR responsibility to continue to furnish 24 hour room and board care, meeting the personal care and nursing needs that would have been provided by the primary caregiver at home at the same level of care provided before hospice care was elected.*

418.112 (d) Hospice Plan of Care

The hospice and facility must develop a coordinated plan of care for each patient that guides both providers. When a hospice patient is a resident of a facility, that patient's hospice plan of care must be established and maintained in consultation with representatives of the facility and the patient/family (to the extent possible). In addition the coordinated plan of care must identify which provider (hospice or facility) is responsible for performing a specific service. The coordinated plan of care may be divided into two portions, one of which is maintained by the facility and the other, which is maintained by the hospice.

The providers must have a procedure that clearly outlines the chain of communication between the hospice and facility in the event a crisis or emergency develops, a change of condition occurs and/or changes to the hospice portion of the plan of care are needed.

Based on the share communication between providers, both providers' portion of the plan of care should reflect the identification of:

- *A common problem list*
- *Palliative interventions*
- *Palliative outcomes*
- *Responsible discipline*
- *Responsible provider*
- *Patient goals*

418.112 (e) Coordination of Services

The hospice must designate a member of each IDG that is responsible for a patient who is a resident of a SNF/NF or ICF/MR. This person is responsible for overall coordination of hospice care. This person may or may not be the hospice RN. It may be the physician, social worker or counselor member of the IDG. If there are problems identified regarding failure to communicate with facility staff, interview the hospice designated

IDG member, and the facility care plan coordinator for the patient, in order to determine:

- *The system the hospice has in place to ensure continuity of communication and easy access to ongoing information (e.g. documentation in both respective entities' clinical record).*
- *How the information for each provider's team conferences get communicated to the individuals participating in caring for the patient.*

Determine if there have been any concerns related to the need to change or alter the plan of care; or if a significant change in condition occurred, when did the facility notify the hospice of the concern. Review the plan of care to determine if the plan was coordinated between the hospice and the facility. Determine if symptom management, including pain management interventions are included if needed. If the plan of care refers to a specific protocol, determine whether interventions are consistent with that protocol.

Documentation

418.112 (e) (3) Provide the SNF/NF or ICF/MR with the following information:

- *The most recent hospice plan of care specific to each patient.*
- *Hospice election form and any advance directives specific to each patient*
- *Physician certification and recertification of the terminal illness specific to each patient*
- *Name and contact information for hospice personnel involved in hospice care of each patient*
- *Instructions on how to access the hospice's 24 hour on-call system*
- *Hospice medication information specific to each patient; and*
- *Hospice physician and attending physician (if any) orders specific to each patient.*

Interview facility staff involved in the care of the patient on their knowledge of how to contact hospice staff 24 hours a day.