

Lesson 7

Hospice Care in the Nursing Home



Learning Objectives

- Explain Hospice Professional Management responsibilities for nursing home (NH) residents
- Discuss the requirements for the written agreement between the hospice and the NH
- Discuss the goals of a coordinated plan of care in the NH setting
- Review the coordination of services requirement
- Describe orientation and training of staff in the NH

418.112 Condition of Participation: Hospices that Provide Hospice Care to Residents of a SNF/NF or ICF/MR

Must meet all of the Conditions of Participation
at 418.10 through 418.116

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 eligibility criteria that includes:
 - Eligibility
 - Election
 - Duration of benefits

418.112(b) - Standard Professional Management

- Hospice assumes responsibility for professional management of the resident's hospice services provided, in accordance with the plan of care and hospice CoPs
- Arrange for hospice-related inpatient care in a participating Medicare/Medicaid facility

418.112 (c) - Standard Written Agreement

- The hospice must have a written agreement with the facility that specifies the provision of hospice services in the facility
- The agreement must be signed by authorized representatives of the hospice and facility **before** the provision of hospice services.

Written Agreement (cont.)

- Includes communication methods and documentation of same to ensure that the needs of the patients are addressed and met 24 hours a day

Written Agreement (cont.)

- A provision that the facility **immediately** notifies the hospice if any of the following occur:
 - Significant change in condition
 - Clinical complications
 - Need to transfer from the facility
 - Patient dies

Written Agreement (cont.)

- A provision that the hospice assumes responsibility for determining the course of hospice care including the determination to change the level of services provided

Written Agreement (cont.)

- The facility is responsible to continue to furnish 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

Written Agreement (cont.)

- The hospice will provide services at the same level to the same extent if the patient was in his/her own home

Written Agreement

Delineation of Hospice's Responsibilities

- Medical direction & management
- Nursing
- Counseling (including spiritual, dietary and bereavement)
- Social work
- Medical supplies
- DME and drugs necessary for palliation of pain & symptoms associated with terminal illness and related conditions
- All other hospice services necessary for care of terminal illness and related conditions

Written Agreement Delineation of Hospice's Responsibilities (cont.)

- Hospice may use the facility nursing personnel where permitted by State law and as specified by the facility to assist in the administration of prescribed therapies included in the plan of care only to the extent that the hospice would routinely use the services of a hospice patient's family in implementing the plan of care

Written Agreement (cont.)

- Alleged Violations
 - A provision that the hospice must report all alleged violations involving mistreatment, neglect, or verbal, mental, sexual and physical abuse, including injuries of unknown source and misappropriation of patient property by anyone unrelated to the hospice to the facility administrator within 24 hours of the hospice becoming aware of the alleged violation

Written Agreement (cont.)

- Bereavement Services
 - The written agreement should include a provision regarding the responsibility of the hospice for providing bereavement services to the SNF/NF or ICF/MR

418.112(d) Standard - Hospice Plan of Care

- Established and maintained in consultation with facility
- Care provided must be in accordance with plan
- Identification of care and services, and who is responsible
- Reflects participation of hospice, facility and patient/family
- Changes discussed and approved

418.112 (e) Coordination of Services

- The hospice must designate an IDG member responsible for:
 - Overall coordination of hospice care
 - Communication with facility and other health care providers participating in the provision of care to ensure quality of care

Coordination of Services (cont.)

- Ensure that the hospice IDG communicates with the facility medical director, patient's attending physician and other physicians participating in the provision of care so that the medical care and the hospice care can compliment and enhance the outcomes of the patient

Coordination of Care

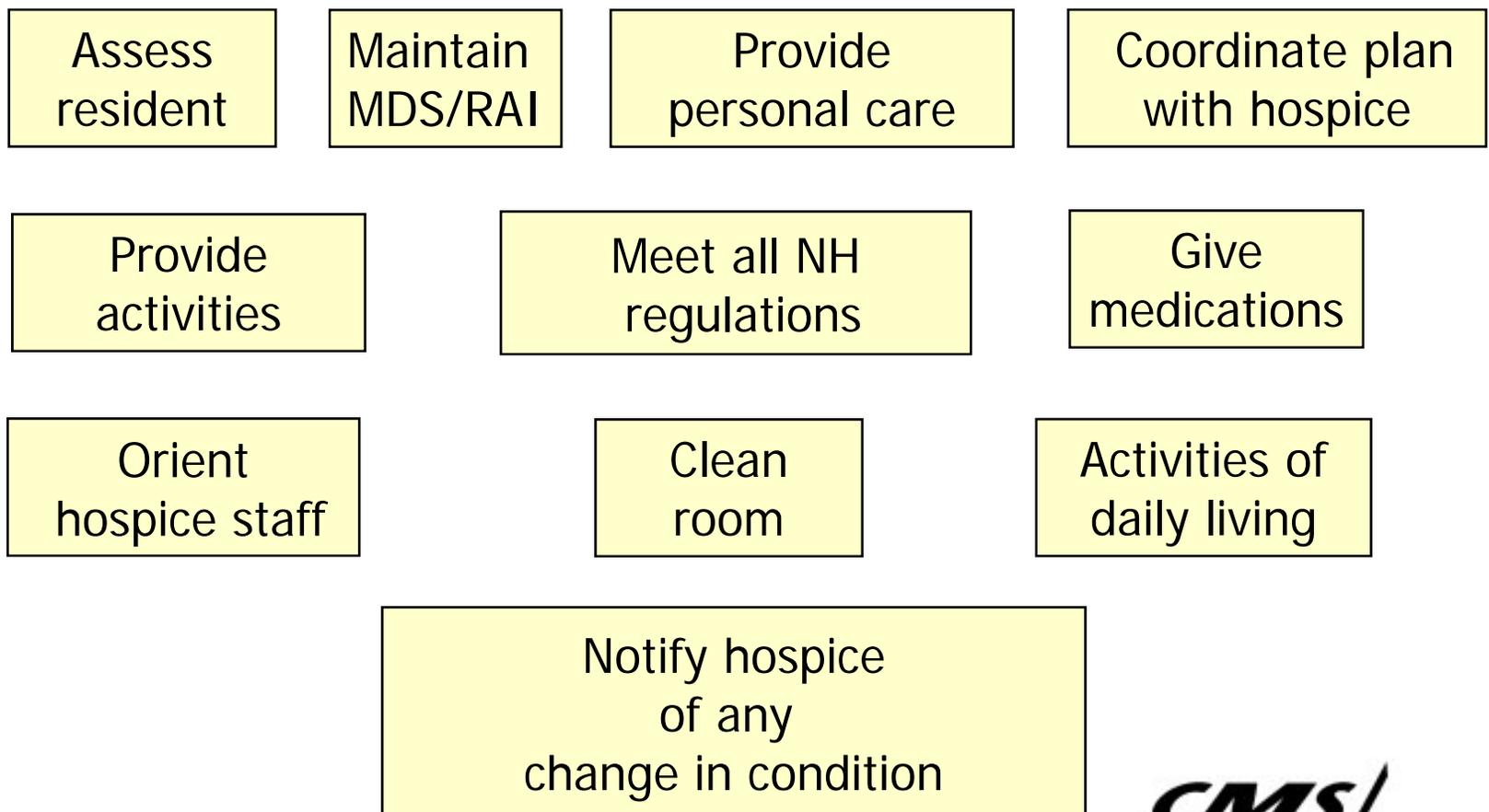
- Provide facility with patient-specific information:
 - Most recent plan of care
 - Election form
 - Advance directives (if any)
 - Certification and recertifications
 - Hospice contact information
 - Access to 24 hour on call system
 - Medication information/physician orders

418.112(f) Orientation and Training of Staff Furnishing Care

- Hospice philosophy
- Hospice P & P's
- Pain control
- Symptom management
- Principles about Death & Dying
- Individual responses to death
- Patient Rights
- Appropriate forms
- Record keeping requirements



Nursing Home Responsibilities



Hospice Responsibilities

Assess resident

Coordinate PoC with NH

Provide hospice care & services

Financial responsibility terminal illness & related conditions

Professional management

Monitor care review & update

Determine level of care

QAPI

Orient & Train NH staff

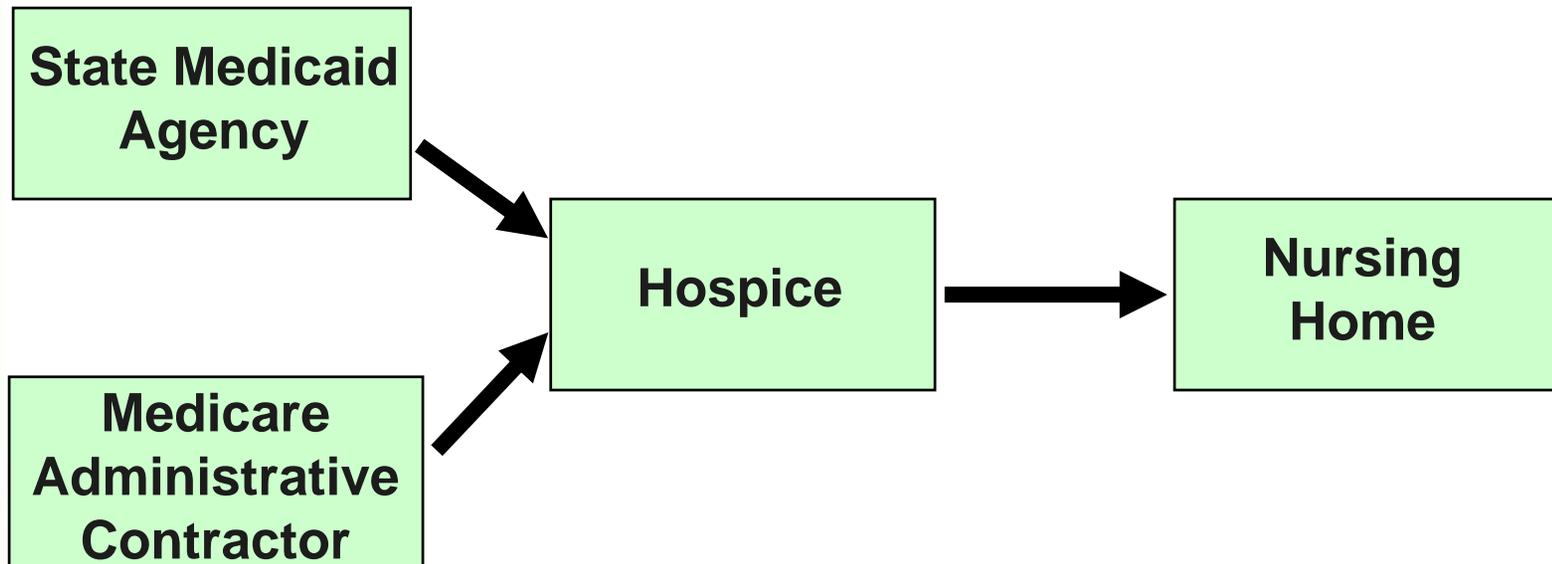
Interdisciplinary Group (IDG)

Meet all hospice CoPs

Medicare + Medicaid Eligible

- Hospice & NH must have written agreement
- Hospice assumes professional management of the individual's hospice care
- Facility provides room & board

Medicare & Medicaid Payments for Hospice Patients Residing in NH



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Questions?

