A Guide to Hospice Service

Orientation to Hospice Requirements

This guide was prepared by the Minnesota Department of Health (MDH), Health Regulation Division (HRD) to satisfy Minnesota Rule 4664.0140, "Orientation to Hospice Requirements" and is intended as an overview and not a replacement of the licensure rules or statutes. **Not every rule and statute are restated or explained in this guide. Individuals should refer to the following for specific requirements**:

- Minnesota Hospice Statutes: Minnesota Statutes, chapter 144A.75 (https://www.revisor.mn.gov/statutes/cite/144A.75)
- Minnesota Hospice Rules: Minnesota Rules, chapter 4664 (https://www.revisor.mn.gov/rules/4664/)
- Vulnerable Adults Act: Minnesota Statutes, chapter 626.557 (https://www.revisor.mn.gov/statutes/cite/626.557)
- Maltreatment of Minors Act: Minnesota Statutes, chapter 260E (https://www.revisor.mn.gov/statutes/cite/260E)
- Patient, Resident and Home Care Bill of Rights: Patient, Resident, and Home Care Bill of Rights - MN Dept. of Health

These rules and statutes may also be accessed through the MDH Hospice Provider License (https://www.health.state.mn.us/facilities/regulation/hospice) homepage.

Licensees may use this guide to satisfy MN Rule 4664.0140. Every individual applicant for a license and every person (including volunteers) who provides direct care, supervision of direct care, or management of services for a licensee must complete an orientation training to hospice requirements before providing hospice services to hospice patients.

Hospice Philosophy and Physical, Spiritual and Psychosocial Aspects of Hospice Care.

Hospice philosophy is a holistic approach to end-of-life care that focuses on the physical, spiritual, and psychosocial needs of patients and their families. It emphasizes the importance of addressing not just the physical pain but also the emotional, social, and spiritual well-being of the patient. Hospice care is tailored to meet the unique needs and preferences of each patient, ensuring that the care provided aligns with their wishes and improves their overall experience.

The physical aspect of hospice care involves managing pain and other distressing symptoms through a combination of medications and therapies designed to keep patients comfortable and free from pain. By focusing on comfort rather than cure, hospice care allows patients to enjoy their remaining time without the burden of unnecessary medical procedures.

The spiritual aspect of hospice care addresses the profound spiritual questions that can arise at the end of life, including the role of chaplain services and other spiritual resources. This aspect of care is essential for patients who recognize the profound spiritual questions that can arise at the end of life.

The psychosocial aspect of hospice care involves providing comprehensive support for families, helping them manage the practical and emotional challenges of caregiving. This support is invaluable in reduction stress and preventing caregiver burnout. Hospice care can be more cost-effective than traditional medical treatments, as it reduces the need for expensive hospital stays and intensive medical interventions.

Overall, hospice care represents a compassionate and dignified approach to end-of-life care, prioritizing the comfort and quality of life of terminally ill patients. By managing pain and symptoms, providing emotional and spiritual support, and offering comprehensive family services, hospice ensures that patients can spend their final days in peace and comfort.

Regulation of Hospice Providers – Minnesota Hospice Statutes

Definitions and Service Requirements (144A.75)

Core Services means physician services, registered nursing services, advanced practice registered nurse services, physician assistant services, medical social services, and counseling services. A hospice must ensure that at least two core services are regularly provided directly by hospice employees. A hospice provider may use contracted staff if necessary to supplement hospice employees in order to meet the needs of patients during peak patient loads or under extraordinary circumstances.

Counseling Services includes bereavement counseling provided after the patient's death and spiritual and other counseling services for the individual and the family while enrolled in hospice care. Bereavement services must be provided according to a plan of care that reflects the needs of the family for up to one year following the death of the patient.

Hospice provider means an individual, organization, association, corporation, unit of government, or other entity that is regularly engaged in the delivery, directly or by contractual arrangement, of hospice services for a fee to hospice patients. A hospice must provide all core services.

Hospice patient means an individual whose illness has been documented by the individual's attending physician, advanced practice registered nurse, or physician assistant and hospice medical director, who alone or, when unable, through the individual's family has voluntarily consented to and received admission to a hospice provider, and who;

has been diagnosed as terminally ill, with a probable life expectancy of under one year; or is 21 years of age or younger; has been diagnosed with a chronic, complex, and life-threatening illness contributing to a shortened life expectancy; and is not expected to survive to adulthood.

Hospice patient's family means relatives of the hospice patient, the hospice patient's guardian or primary caregiver, or persons identified by the hospice patient as having significant personal ties.

Hospice services; hospice care means palliative and supportive care and other services provided by an interdisciplinary team under the direction of an identifiable hospice administration to terminally ill hospice patients and their families to meet the physical, nutritional, emotional, social, spiritual, and special needs experienced during the final stages of illness, dying, and bereavement, or during a chronic, complex, and life-threatening illness contributing to a shortened life expectancy for hospice patients who meet the criteria in subdivision 6, clause (2). These services are provided through a centrally coordinated program that ensures continuity and consistency of home and inpatient care that is provided directly or through an agreement.

Interdisciplinary team means a group of qualified individuals with expertise in meeting the special needs of hospice patients and their families, including, at a minimum, those individuals who are providers of core services.

Medical director means a licensed physician who is knowledgeable about palliative medicine and assumes overall responsibility for the medical component of the hospice care program.

Other services means physical therapy, occupational therapy, speech therapy, nutritional counseling, and volunteers.

Palliative care means specialized medical care for individuals living with a serious illness or life-limiting condition. This type of care is focused on reducing the pain, symptoms, and stress of a serious illness or condition. Palliative care is a team-based approach to care, providing essential support at any age or stage of a serious illness or condition, and is often provided together with curative treatment. The goal of palliative care is to improve quality of life for both the patient and the patient's family or care partner.

Residential hospice facility means a facility that resembles a single-family home modified to address life safety, accessibility, and care needs, located in a residential area that directly provides 24-hour residential and support services in a home-like setting for hospice patients as an integral part of the continuum of home care provided by a hospice and that houses: no more than 8 hospice patients or at least 9 and no more than 12 patients with approval from local governing authority. Provides 24-hour residential and support services for hospice patients and houses no more than 21 hospice patients and or is located on St. Anthony Avenue in St. Paul.

Respite care means short-term care in an inpatient Medicare certified facility, such as a residential hospice facility, when necessary to relieve the hospice patient's family or other persons caring for the patient. Respite care may be provided on an occasional basis.

Volunteer services means services by volunteers who provide a personal presence that augments a variety of professional and nonprofessional services available to the hospice patient, the hospice patient's family, and the hospice provider.

The Hospice Bill of Rights (144A.751)

All hospice providers must comply with all parts of Minnesota Statutes, section 144A.751 (https://www.revisor.mn.gov/statutes/cite/144A.751), the Hospice Bill of Rights. An individual who receives hospice care has a right to receive written information about rights **in advance of** receiving hospice care or during the initial evaluation visit before the initiation of hospice care, including what to do if rights are violated.

If the hospice provider operates a residential hospice facility, the written notice to each residential hospice patient must include the number and qualifications of the personnel, including both staff persons and volunteers, employed by the provider to meet the requirements of MN Rule 4664.0390 on each shift at the residential hospice facility.

Written documentation of receipt of the bill of rights must be maintained by the licensee.

A licensee shall not request or obtain from hospice patients any waiver of any of the rights enumerated in Minnesota Statutes, section 144A.751, subdivision 1.

Both the Minnesota and Combined Hospice Bill of Rights in English, Hmong, Somali, and Spanish can be found on the MDH/HRD Patient, Resident, and Home Care Bill of Rights (https://www.health.state.mn.us/facilities/regulation/billofrights) web page.

Regulations (144A.75-144A.756)

Under Minnesota Statutes 144A.75-144A.756, the Minnesota Legislature authorized the Minnesota Department of Health (herein after referred to as "Department") to license providers of hospice services, including private businesses, nonprofit organizations, and governmental agencies. The license is for business, not for the employees who work for the hospice provider.

A license is permission from the state to carry on the business of hospice services. It does not provide payment for services and does not guarantee success in business.

Licensure also provides a quality mechanism for monitoring and remedying problems that occur, in this rapidly expanding business, by routine inspections as well as complaint investigations by the Department.

If a survey or complaint investigation reveals a violation of a rule or law, the Department will issue a correction order, which is a notice of the violation and an order to correct the problem in a certain time. If not corrected, the Department will issue a fine according to a schedule of fines in the rules. In very serious situations, the Department may suspend, revoke, or refuse to renew the license.

Reporting of Maltreatment of Adults (626.557) and Minors (260E)

Minnesota law requires professionals and staff, contractors, and volunteers of licensed organizations to report maltreatment, (abuse, neglect, exploitation, unexplained injuries) of vulnerable adults and children to government authorities. Reporting is mandatory, and a person who fails to report is subject to criminal prosecution and civil liability.

Who Must Report

As mandated reporters, all hospice licensees and their employees and volunteers must report suspected maltreatment. A report is required if there is reason to believe that abuse or neglect to a patient has occurred.

"Mandated reporter" means a professional or professional's delegate while engaged in: social services; law enforcement; education; or the care of vulnerable adults.

Staff of providers need not report directly to the authorities but should follow their employers' procedures for reporting to a supervisor. If staff are unable or uncomfortable reporting to the licensee, they may report directly to the authorities. All hospice providers are required by law to have a procedure for reporting.

What to Report

Information as defined in:

- Minnesota Statutes, Chapter 626.557 (https://www.revisor.mn.gov/statutes/cite/626.557)
- Minnesota Statutes, chapter 260E (https://www.revisor.mn.gov/statutes/cite/260E)

When Reporting is Necessary

A mandated reporter who has reason to believe that a vulnerable adult is being or has been maltreated, or who has knowledge that a vulnerable adult has sustained a physical injury which is not reasonably explained shall immediately, (immediately is defined "as soon as possible, but no longer than 24 hours from the time initial knowledge that the incident occurred has been received"), report the information to the Office of Health Facility Complaints (OHFC).

Staff should report any known or suspected abuse or neglect to the person identified by the employer's procedures. After a report is made, the agency may investigate. The law prohibits retaliation against anyone who makes a report in good faith. The provider, upon learning of abuse or neglect, must report to the Office of Health Facility Complaints and investigate.

Serious criminal activity should be reported to law enforcement immediately, and then to the Office of Health Facility Complaints or MAARC as below.

If someone **under the age of 18** has been maltreated, abused, neglected, or exploited, contact the Office of Health Facility Complaints (OHFC). In addition, if there is a suspected violation of patient rights you may contact OHFC.

Office of Health Facility Complaints
(651) 201-4200/1-800-369-7994
health.ohfc-complaints@state.mn.us
Mailing Address:
Minnesota Department of Health
Office of Health Facility Complaints
P.O. Box 64970
St. Paul, MN 55164-0970

If a **vulnerable adult** has been maltreated, abused, neglected, or exploited you may report to the Minnesota Adult Abuse Reporting Center (MAARC):

MINNESOTA ADULT ABUSE REPORTING CENTER (MAARC)
1-844-880-1574
Adult protection / Minnesota Department of Human Services
Minnesota's Adult Protective Services (https://mn.gov/dhs/people-we-serve/seniors/services/adult-protection/)

Additional information on filing a report as a mandated reporter can be found on the OHFC website, Filing a Complaint Against a Facility (https://www.health.state.mn.us/facilities/regulation/ohfc/filecomp.html).

Hospice consumers or members of the public may also report any violations of patients' rights or maltreatment to The Office of Ombudsman for Long Term Care.

OFFICE OF OMBUDSMAN FOR LONG-TERM CARE
PO Box 64971
St. Paul, MN 55164-0971
1-800-657-3591 or 651-431-2555 (metro)
Office of Ombudsman for Long-Term Care (https://mn.gov/ooltc/)
MBA.OOLTC@state.mn.us

Criminal Disqualification*

Before the commissioner can issue an initial or renewal license, an owner or managerial official is required to complete a background study under Sec. 144.057 MN Statutes. No person may be involved in the management, operation, or control of a provider, if the person has been disqualified under the provisions of Minnesota Statutes www.revisor.mn.gov/statutes/cite/245C. Individuals disqualified under these provisions can request a reconsideration, and if the disqualification is set aside are then eligible to be involved in the management, operation or control of the provider. Owners of a hospice subject to the background check requirement are those individuals whose ownership interest provides sufficient authority or control to affect or change decisions related to the operation of the hospice provider.

For the purposes of this section, managerial officials subject to the background check requirement are those individuals who provide “direct contact" as defined in section 245C.02 or those individuals who have the responsibility for the ongoing management or direction of the policies, services, or employees of the hospice provider. All employees, contractors, and volunteers of a hospice provider are subject to the background study required by section 144.057. If appropriate, these individuals shall be disqualified under the provisions of chapter 245A. Individuals disqualified under these provisions can request a reconsideration.

*Some language in this section was paraphrased from Minnesota law. Licensees should refer to the statutes for the complete language.

Regulation of Hospice Providers – Minnesota Hospice Rules

Handling of Emergencies and Use of Emergency Services

Every individual applicant for a license and every person who provides direct care, supervision of direct care, or management of services for a licensee must complete an orientation training of handling of emergencies and use of emergency services and be capable of implementing the policies.

Hospice patients and responsible persons should thoroughly know the provider’s policy on emergencies.

Confidentiality of Hospice Patient Information

The licensee shall not disclose any personal, financial, medical, or other information about a patient except: as may be required by law; to staff or contractors only that information necessary to provide services to the patient; to persons authorized by the patient to receive the information; and representatives of the commissioner authorized to survey or investigate hospice providers.

Handling of Patients' Finances and Property

A licensee may not act as power-of-attorney nor accept appointment as guardian or conservator of hospice patients unless there is a clear organizational separation between the hospice provider and the program that accepts guardianship or conservatorship appointments or unless the licensee is a Minnesota county or other unit of government.

A licensee may assist patients with household budgeting, including paying bills and purchasing household goods but may not otherwise manage a patient's finances. Receipts or documentation of all transactions and purchases paid with the patient's funds must be recorded and maintained.

A licensee may not borrow or in any way convert a patient's property to the licensee's possession except by payment at the fair market value of the property.

Gifts of a minimal value may be accepted by a licensee or its staff as well as donations and bequests that are exempt from income tax.

Handling of Patients' Complaints and Reporting of Complaints

A hospice provider must establish an internal system for receiving, investigating, and resolving complaints from its hospice patients.

The system is required to provide written notice to each patient that includes:

- the patient's right to complain to the licensee about services;
- the name or title of the person or persons to contact with complaints;
- the method of submitting a complaint to the licensee;
- the right to complain to the Minnesota Department of Health, Office of Health Facility Complaints; and
- a statement that the provider will in no way retaliate because of a complaint.

A hospice provider must designate a person or position that is responsible for complaint follow-up, complaint investigation, resolution, and documentation. The person or position shall maintain a log of complaints received for one year from the date of receipt.

The interdisciplinary team must review any patient, family, or caregiver complaints about care provided and must take remedial action as appropriate.

The licensee is prohibited from taking any action in retaliation for a complaint made by the patient.

Required Services

A hospice provider must be regularly engaged in providing care and services to hospice patients. The hospice provider must ensure that at least two core services are regularly provided by hospice employees. The core services are: Physician Services, Registered nursing services, Medical social services and Counseling services.

A hospice provider must make hospice care, including nursing services, physician services, and short-term inpatient care, available on a 24-hour basis, seven days a week. The hospice provider must also ensure the availability of drugs and biologicals on a 24-hour basis, seven days a week.

A hospice provider must provide physical therapy, occupational therapy, speech therapy, nutritional counseling, home health aide services, and volunteers as directed by the interdisciplinary team through the assessment and plan of care process.

Plan of Care

Each hospice patient and hospice patient's family must have a current and up-to-date written plan of care. The plan of care must be based on an assessment. The assessment must address, but is not limited to, the physical, nutritional, emotional, social, spiritual, pain, symptom management, medication, and special needs of the hospice patient and hospice patient's family during the final stages of illness, dying, and bereavement, and any other areas necessary to the provision of hospice care. The assessment must be developed by the interdisciplinary team, medical director or designee, and the attending physician prior to providing hospice care. The plan of care must be developed with the active participation of the hospice patient or the hospice patient's responsible person.

The plan of care must:

- reflect the current individualized needs of the hospice patient and the hospice patient's family and be based on the current assessments;
- address the palliative care of the hospice patient, including medication side effects and monitoring;
- include a description and frequency of hospice services needed to meet the hospice patient's and hospice patient family's needs. Services must include bereavement counseling for the hospice patient's family for up to one year following the death of the patient; and
- include identification of the persons or categories of persons who are to provide the hospice services.

A hospice provider must ensure that each hospice patient's record contains a copy of the patient's health care directive, if executed and available.

Acceptance of Patients' Discontinuance of Services

No licensee shall accept a person as a hospice patient unless the licensee has staff sufficient in qualifications and numbers to adequately provide the hospice services described in Minnesota Statutes, section 144A.75, subdivision 8.

If the licensee discharges or transfers a hospice patient for any reason, then the reason for the discharge or transfer must be documented in the clinical record. The documentation must include:

- the reason why the transfer or discharge is necessary; and
- why the patient's needs cannot be met by the licensee, if the patient continues to need hospice services.

A written notice must be given to the hospice patient or responsible person at least ten days in advance of termination of services by the hospice provider, except according to Minnesota Statutes, section 144A.751,

subdivision 1, clause (17), and must include a written list of providers that provide similar services in the hospice patient's geographical area and must document that the list was provided. And the name, address, and telephone number of the Office of the Ombudsman for Older Minnesotans. A copy of the discharge notice shall be placed in the clinical record.

If the hospice patient's health has improved sufficiently that the patient no longer needs the services of the licensee, the hospice patient's physician must document that the discharge is appropriate.

Notification of Service Charges

A hospice provider must provide to a hospice patient or responsible person within 48 hours of admission a written notice of charges for services, according to Minnesota Statutes, section 144A.751, subdivision 1, clause (8). Notice under this subdivision is in addition to the notice required by Minnesota Statutes, section 144A.751, subdivision 1, clause (7).

A hospice provider must provide to the patient or the responsible person a contingency plan that contains:

- the action to be taken by the hospice provider, hospice patient, and responsible person if scheduled services cannot be provided;
- the method for a hospice patient or responsible person to contact a representative of the hospice provider whenever staff are providing services; and
- the method for the hospice provider to contact a responsible person of the patient, if any.

Changes in the services provided that do not cause a change in fees do not require a written modification of the notice of service charges agreed to by the patient or the patient's responsible person.

A hospice provider must obtain written acknowledgment of receipt of the notice of charges for services from the hospice patient or the hospice patient's responsible person. Written documentation of receipt must be maintained by the licensee.

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