

## HOSPICE SERVICES

### **Cleveland TGA Definition:**

Room, board, nursing care, counseling, physician service and palliative therapeutics provided by agencies licensed within the State. Services may be provided in a home or residential setting, including a non-acute care section of a hospital that has been designated and staffed to provide hospice care to terminal patients. A physician must certify that a patient is terminal, defined under Medicaid hospice regulations as having a life expectancy of six (6) months or less. It is expected that Legal Services work in conjunction with clients prior to entering Hospice Service. Preparation of Powers of Attorney and Living Wills, Last Will and Testament and Interventions necessary to ensure access to eligible benefits, including discrimination or breach of confidentiality litigation as it relates to services eligible for funding under Ryan White.

**HRSA Definition:** Provision of **Hospice Care** provided by licensed hospice care providers to clients in the terminal stages of illness, in a home or other residential setting, including a non-acute-care section of a hospital that has been designated and staffed to provide hospice care for terminal patients. **NOTE: Ryan White funds may NOT be used for funeral, burial, cremation, or related expenses.**

Allowable services:

- Room
- Board
- Nursing care
- Mental health counseling
- Physician services
- Palliative therapeutics

**Care and Treatment Goals:** The overall goal of Hospice Care within the Cleveland TGA is to provide quality end-of-life care and support dignity to dying for eligible PLWHA with terminal stages of illness.

### **Service Objective:**

- To provide end-of-life quality care and support to PLWHA with terminal stage illness in a home or residential setting.
- To provide mental health counseling, nursing care, physician services, and palliative therapeutics for end-stage PLWHA.

**Program Components:** Allowable services are: room; board; nursing care; mental health counseling; physician services; and palliative therapeutics consistent with Ohio state Medicare and Medicaid Hospice regulations. Referral to legal services as part of the continuum of care as needed. (*See Legal Services Standard of Care*)

**PERSONNEL:**

Staff Qualification	Expected Practice
All hospice care staff who provide direct-care services and who require licensure or certification, must be properly licensed or certified by the State of Ohio.	Personnel files/resumes/applications for employment reflect requisite licensure and certification (e.g., R.Ns, LVNs, CNAs, Chaplains – SCE and/or spiritual coordinator, STNAs, APRNs, Physicians).
Provider must provide a criminal background check for any applicant whom the provider anticipates hiring to provide direct-care services.	Personnel files reflect completion of criminal background checks.
Staff participating in the direct provisions of services to patients must satisfactorily complete a minimum of eight (8) additional hours of training in HIV/AIDS and clinically-related issues in accordance with licensure requirements. The training shall include psychosocial issues and end-of-life issues. Additionally, opportunities are to be provided for licensed/certified staff to take relevant, outside courses to both improve their skills and earn CEUs sufficient to maintain licensure or certification.	Materials for staff training and continuing education are on file.  *STNAs are only required to have at a minimum one additional hour of training.
Hospice services must be provided under the supervision of a physician and/or registered nurse.	Copy of supervisory physician or registered nurse license is on file.
Agency providing Hospice Service is a licensed hospital, home providing nursing care, or a home health agency that provides services under contract with a person or public agency providing a hospice care program that is licensed under section 3712.04 of the Revised Code.	Documentation of license and/or certification is available at the site where services are provided to patients.
Agency has policy onsite that indicates the agency will not discontinue care because of a hospice patient's inability to pay for the care.	Agency has policy onsite and available for review.

**HRSA Program Monitoring Standard Description (April 2013):**

STANDARD	PERFORMANCE MEASURE/METHOD	PROVIDER/SUBGRANTEE RESPONSIBILITY	LIMITATIONS
<p>Provision of <b>Hospice Care</b> provided by licensed hospice care providers to clients in the terminal stages of illness, in a home or other residential setting, including a non-acute-care section of a hospital that has been designated and staffed to provide hospice care for terminal patients.</p> <p>Allowable services:</p> <ul style="list-style-type: none"> <li>• Room</li> <li>• Board</li> <li>• Nursing care</li> <li>• Mental health counseling</li> <li>• Physician services</li> <li>• Palliative therapeutics</li> </ul>	<p>Documentation including the following:</p> <ul style="list-style-type: none"> <li>• Physician certification that the patient’s illness is terminal as defined under Medicaid hospice regulations (having a life expectancy of 6 months or less);</li> <li>• Appropriate and valid licensure of provider as required by the State in which hospice care is delivered;</li> <li>• Types of services provided, and assurance that they include only allowable services;</li> <li>• Locations where hospice services are provided, and assurance that they are limited to a home or other residential setting or a non-acute care section of a hospital designated and staffed as a hospice setting.</li> </ul> <p>Assurance that services meet Medicaid or other applicable requirements, including the following:</p> <ul style="list-style-type: none"> <li>• Counseling services that are consistent with the definition of mental health counseling, including treatment and counseling provided by mental health professionals (psychiatrists, psychologists, or licensed clinical social workers) who are licensed or authorized within the State where the service is provided;</li> <li>• Palliative therapies that are consistent with those covered under the respective State’s Medicaid program.</li> </ul>	<p>Obtain and have available for inspection appropriate and valid licensure to provide hospice care.</p> <p>Maintain and provide the grantee access to program files and client records that include documentation of</p> <ul style="list-style-type: none"> <li>• Physician certification of clients terminal status</li> <li>• Services provided and that they are allowable under Ryan White and in accordance with the provider contract and scope of work</li> <li>• Locations where hospice services are provided include only permitted settings</li> <li>• Services such as counseling and palliative therapies meet Medicaid or other applicable requirements as specified in the contract</li> </ul>	

**QUALITY MANAGEMENT:**

**Program outcome:** 75% of clients have improved quality of end-of-life treatment.

**Indicators:** Number of Hospice Clients

**Service Unit(s):** One day of in-home and/or residential facility-based service

<i>Standard of Care</i>	<i>Outcome Measure</i>	<i>Numerator</i>	<i>Denominator</i>	<i>Data Source</i>	<i>Goal/Benchmark</i>
<b>I. Structure</b>					
Physician must certify that a client is terminal, defined under Medicare and Medicaid hospice regulations as having a life expectancy of 6 months or less.	Documentation of physician certification in client chart.	Number of new clients referred to Hospice	Number of clients in Hospice	Client Chart CAREWare	80% of client charts have documentation of physician certification of terminal state, as defined under Medicare and Medicaid hospice regulations.
The referring physician must provide orders verbally and in writing to the provider prior to the initiation of care and act as that patient's primary care physician.	Documentation in client's chart reflects written and verbal physician's order including any updates.	Number of new clients referred to Hospice	Number of clients in Hospice	Client Chart CAREWare	80% of client charts have documentation of written and verbal physician's orders.
The hospice provider may elect to refuse a referral for reasons which include, but are not limited to the following: <ul style="list-style-type: none"> <li>• There are no beds available</li> <li>• Level of patient's acuity and staffing limitations</li> <li>• Patient is aggressive and a danger to the staff</li> <li>• Patient is a "no show"</li> </ul>	Provider's office log indicates reason for refusal.	Number of clients refused	Number of clients in Hospice	Client Chart CAREWare	80% of Hospice provider logs indicate reason for refusal.
An individual is deemed no longer to be in need of hospice services if one or more of these criteria is met: <ul style="list-style-type: none"> <li>• Patient expires;</li> <li>• Patient's medical condition improves and hospice care is no longer necessary;</li> <li>• Patient is transferred out of provider's facility;</li> <li>• Patient moves out of Cleveland TGA region.</li> </ul>	Documentation of discharge/transfer in client's chart/file.	Number of clients discharged	Number of clients	Client Chart CAREWare	80% of client charts will have documentation of discharge/transfer plans as indicated.

*Cleveland Transitional Grant Area – Ryan White Part A Program  
Hospice Services Standard of Care*

II. Process					
An initial & comprehensive health assessment is completed by the interdisciplinary team within 5 days of admission.	Documentation in client's chart/file.	Number of clients with comprehensive health assessment	Number of clients	Client Chart CAREWare	80% of client charts have documentation of initial & comprehensive health assessment completed within 5 days of admission.
A written Plan of Care is completed within 5 days of admission and reviewed biweekly and when change in level of care occurs.	Documentation in client's chart/file.	Number of clients with written plan of care	Number of clients	Client Chart CAREWare	80% of client charts have documentation of plan of care.
Provider documents each client's scheduled medications, including dosage and frequency.	Documentation in client's chart/file with client's name, route and initials of staff.	Number of clients with scheduled medications	Number of clients	Client Chart CAREWare	80% of client charts have documentation of scheduled medications, including dosage and frequency.
Provider documents each client's as needed (PRN) medications, including client's name, dose, route, reason, result and signature and title of staff.	Documentation in client's chart/file.	Number of clients with PRN medications	Number of clients	Client Chart CAREWare	80% of client charts have documentation of as needed (PRN) medications, including client name, dose, route, reason, result and signature and title of staff.
Physician orders are transcribed and noted by attending nurse.	Documentation in client's chart/file.	Number of clients with physician orders	Number of clients	Client Chart CAREWare	80% of client charts have documentation of physician orders.
The need for bereavement and counseling services for family members must be consistent with definition of Mental Health counseling.	Documentation in client's chart/file.	Number of clients' families with bereavement and counseling needs	Number of clients	Client Chart CAREWare	80% of client charts have documentation of need for bereavement and counseling services for family members consistent with definition of Mental Health counseling.
III. Outcomes					
Provider will maintain consistent plan of care and communicate changes from the initial plan to the referring provider.	Documentation of plan of care and communication to the referring provider for changes to plan.	Number of clients with plan of care	Number of clients	Client Chart CAREWare	80% of client charts have documentation of plan of care and communication to the referring provider for changes to plan.
Increase in percentage of clients at end stage who are medically evaluated for AIDS-related salvage therapies consistent with PHS guidelines with referral back to palliative care as deemed appropriate	Documentation of medical evaluation for AIDS-related salvage therapies consistent with PHS guidelines with referral back to palliative care	Number of clients with medical eval	Number of clients	Client Chart CAREWare	80% of clients who receive Hospice services and are at end stage are medically evaluated for AIDS-related salvage therapies consistent with PHS guidelines with referral back to palliative care as deemed appropriate.
Percentage of clients that are certified Hospice eligible.	Documentation of client eligibility for Hospice care.	Number of clients with certification of eligibility	Number of Hospice clients	Client Chart CAREWare	100% of clients have documentation of certified eligibility in Hospice program.