**HOSPICE ADMISSION CARE MAP**

*Patient referred for hospice service.*

(§ 418.20 Eligibility requirements; Subpart B)
- Hospice may meet with patient/family to discuss hospice services.
- Meeting purpose: to discuss hospice care with the patient/family and to establish eligibility for hospice services.
- This is not the “initial assessment” visit.

★ Each hospice may have a different definition regarding when the patient is “admitted” to hospice care. This map utilizes the language from the Medicare hospice regulations and is only one example of the admission process.

(§ 418.21 Certification of terminal illness; Subpart B)
- Attending physician signs the certificate of terminal illness form.
- Hospice medical director signs the certificate of terminal illness form.
- Related: § 418.102 - Medical director.

These steps may occur simultaneously

(§ 418.24 Election of hospice care; Subpart B)
Patient elects hospice care by signing a notice of hospice care election form (NOE). The effective date may be later than the signing date. This is the first allowable date of billing.

NOTE: Verbal election of the hospice benefit by the patient or representative is not allowable per CMS.

(§ 418.25 Admission to hospice care; Subpart B)
- Hospice admits patient on the recommendation of medical director in consultation with the attending physician (if any).
- The hospice medical director must consider at least the following information:
  - Diagnosis of the terminal condition of the patient.
  - Other health conditions, whether related or unrelated to the terminal condition.
  - Current clinically relevant information supporting all diagnoses.

(§ 418.52 Patient Rights; Subpart C)
The hospice reviews all admission paperwork including the notice of rights in a language and manner that the patient/family understands. The patient/representative signs a form indicating that patient rights notice was received.

Additional patient/representative signature documents may include:
- Consent for care
- Financial agreement
- Medicare Secondary payer form

(§ 418.54- Initial and comprehensive assessment of the patient; Subpart C)
- Hospice interdisciplinary group (IDG) completes comprehensive assessment no later than 5 calendar days after the election of hospice care.
- The IDG consults with the individual's attending physician (if any) and develops individualized patient plan of care from assessed needs.
- Content for the comprehensive assessment is outlined in § 418.54 (c)
- Hospice staff discusses the hospice policies/procedures for safe use and disposal of controlled drugs with the patient or representative and the family in a language and manner that they understand and documents in the patient's clinical record that information was provided and discussed. (If controlled drugs introduced this visit)

★ Comprehensive assessment tools and process are the hospice provider's choice.

(§ 418.41- Initial and comprehensive assessment of the patient; Subpart C)
- The hospice RN must complete an initial assessment within **48 hours** of the effective date of the election of hospice care.
- This is an assessment of the patient's/family's immediate care needs.
- The comprehensive nursing assessment may be completed during this first assessment visit as appropriate.
The IDG RN coordinates the patient's plan of care. The written plan of care is established by the hospice IDG in collaboration with the attending physician (if any), the patient or representative, and the primary caregiver. The hospice must ensure that each patient and the primary care giver(s) receive education and training provided by the hospice as appropriate to their responsibilities for the care and services identified in the plan of care. The plan of care must include all services necessary for the palliation and management of the terminal illness and related conditions. Content for the patient plan of care is outlined in § 418.56 (c).

The interdisciplinary group confers with an individual with education and training in drug management as defined in hospice policies and procedures and State law, who is an employee of or under contract with the hospice to ensure that drugs and biologicals meet each patient's needs.

The interdisciplinary group, as part of the review of the plan of care, must determine the ability of the patient and/or family to safely self-administer drugs and biologicals to the patient in his or her home.

Accomplished by hospice IDG in collaboration with the individual's attending physician, (if any) must review, revise and document the individualized plan as frequently as the patient's condition requires, but no less frequently than every 15 calendar days. Revised plan of care must include information from the patient's updated comprehensive assessment and must note the patient's progress toward outcomes and goals specified in the plan of care.

Resources:
- CoP and interpretive guidelines information, tool, and other resources at NHPCO's Regulatory and Compliance Center at nhpco.org/regulatory
- Ask NHPCO’s Regulatory Assistance a question at regulatory@nhpco.org

Update of the comprehensive assessment:
- Accomplished by hospice IDG in collaboration with the individual's attending physician, (if any)
- Must consider changes that have taken place since the initial assessment.
- Must include information about patient's progress toward desired outcomes, and a re-assessment of the patient's response to care.
- Assessment update must be accomplished as frequently as the condition of the patient requires, but no less frequently than every 15 days.