Key points about this CoP:

- Inpatient care must be provided in a participating Medicare or Medicaid facility, and available for:
  - Pain control.
  - Symptom management
  - Respite purposes

- **Inpatient care for symptom management and pain control.**
  - Inpatient care for symptom control and pain management must be provided in either:
    - A Medicare-certified hospice that meets the conditions of participation for providing inpatient care directly as specified in § 418.110 (see Sec. 418.110 at the end of this tip sheet).
    - A Medicare-certified hospital or a skilled nursing facility that also meets the standards specified in § 418.110(b) and (e) regarding 24-hour nursing services and patient areas.

- **NOTE:** § 418.110 is included at the bottom of this tip sheet for further instruction. Specific sections are cited below for reference.

- § 418.110(b) **Standard: Twenty-four hour nursing services.**
  1. The hospice facility must provide 24-hour nursing services that meet the nursing needs of all patients and are furnished in accordance with each patient’s plan of care. Each patient must receive all nursing services as prescribed and must be kept comfortable, clean, well-groomed, and protected from accident, injury, and infection.
  2. If at least one patient in the hospice facility is receiving general inpatient care, then each shift must include a registered nurse who provides direct patient care.

- § 418.110(e) **Standard: Patient areas.** The hospice must provide a home-like atmosphere and ensure that patient areas are designed to preserve the dignity, comfort, and privacy of patients.
  1. The hospice must provide—
    1. Physical space for private patient and family visiting;
    2. Accommodations for family members to remain with the patient throughout the night; and
    3. Physical space for family privacy after a patient’s death.
  2. The hospice must provide the opportunity for patients to receive visitors at any hour, including infants and small children.
• **Inpatient care for respite purposes.**
  - Inpatient care for respite purposes must be provided in either:
    - A Medicare-certified hospice that meets the conditions of participation for providing inpatient care directly as specified in § 418.110 (see Sec. 418.110 of tip sheet).
    - A Medicare-certified hospital or a skilled nursing facility that also meets the standards specified in § 418.110(b) and (e) regarding 24-hour nursing services and patient areas.
    - A Medicare or Medicaid-certified nursing facility that also meets the standards specified in § 418.110(f).

• **§ 418.110(f) Standard: Patient rooms.**
  1. The hospice must ensure that patient rooms are designed and equipped for nursing care, as well as maintaining the dignity, comfort, and privacy of patients.
  2. The hospice must accommodate a patient and family request for a single room whenever possible.
  3. Each patient’s room must—
     1. Be at or above grade level;
     2. Contain a suitable bed and other appropriate furniture for each patient;
     3. Have closet space that provides security and privacy for clothing and personal belongings;
     4. Accommodate no more than two patients and their family members;
     5. Provide at least 80 square feet for each residing patient in a double room and at least 100 square feet for each patient residing in a single room; and
     6. Be equipped with an easily-activated, functioning device accessible to the patient that is used for calling for assistance.
  4. For a facility occupied by a Medicare-participating hospice on December 2, 2008, CMS may waive the space and occupancy requirements of paragraphs (f)(2)(iv) and (f)(2)(v) of this section if it determines that—
     1. Imposition of the requirements would result in unreasonable hardship on the hospice if strictly enforced; or jeopardize its ability to continue to participate in the Medicare program; and
     2. The waiver serves the needs of the patient and does not adversely affect their health and safety.

- Facilities providing respite care must provide 24-hour nursing services that:
  - Meet the nursing needs of all patients.
  - Are provided according to each patient’s plan of care.

- In addition to receiving all nursing services prescribed, each patient must be kept:
  - Comfortable.
  - Clean.
  - Well-groomed.
  - Protected from accident, injury and infection.

• **Inpatient care provided under arrangements.**
  - If a hospice arranges for short-term inpatient care to be provided by a facility, the hospice must coordinate a written agreement with that facility.
  - The written agreement must include a commitment by the hospice to:
    - Provide the inpatient facility a copy of the patient’s plan of care.
    - Provide the inpatient facility a list of specific services that are to be furnished by the inpatient facility. This may be included in the plan of care.
✓ Provide orientation and training of the hospice philosophy to the inpatient facility personnel who will be providing services to the hospice patient.
✓ Document a description of the training provided to any inpatient facility personnel along with the names of those hospice staff providing the training.
  o The written agreement must also include a commitment by the inpatient provider to:
    ✓ Demonstrate already established patient care policies consistent with those of the hospice.
    ✓ Abide by the palliative care protocols established by the hospice.
    ✓ Provide services according to the plan of care established by the hospice.
    ✓ Include in the inpatient’s clinical record all inpatient services furnished and events regarding care that occurred at the facility.
    ✓ Provide the hospice with a copy of the discharge summary at the time of the patient’s discharge.
    ✓ Make the inpatient’s clinical record available to the hospice at the time of discharge.
    ✓ Identify an individual within the facility who is responsible for the implementation of the provisions of the agreement.
  o The written agreement must include a method to verify that all of the requirements of the agreement are met. CMS does not dictate a process to verify that all of the requirements have been met.

• Inpatient care limitation as percentage of days of care.
  o A hospice may provide no more than 20% of the total days of care as general inpatient or inpatient respite days.
  o A particular hospice can calculate the limit on inpatient days for Medicare beneficiaries who elected hospice coverage in a twelve-month period.
    ✓ Calculate the total number of hospice days used by a group of beneficiaries who elected hospice care over a twelve-month period.
    ✓ The total number of inpatient days that these beneficiaries are allowed may not exceed 20% of the total number of hospice days that the group used.

Suggestions for implementing 418.108: Short-Term Inpatient Care

★★ Review and revise current program policy/procedure to include new regulatory language.
★★ If your organization provides inpatient care for respite purposes, be sure that the facility meets the additional requirements regarding patient’s rooms.
★★ Review and revise your current orientation and training program to ensure that it includes required criteria concerning 24-hour nursing services and services under arrangement with another facility.
★★ Review and revise training and orientation programs concerning the hospice philosophy that you are required to give inpatient facility personnel if services are provided under arrangement.
★★ Educate hospice staff about all new and revised policies, procedures and processes related to the expectations of hospice staff as well as the expectations of hospice inpatient facilities in this condition.
★★ Review the role of IDG in the arrangement of services in an inpatient facility and the management of that arrangement.

Resources for success!
  o www.nhpco.org/regulatory

★★ Please note that hospice providers need to comply with the most stringent regulatory requirements. (Federal or State)

References:
Part II - Department of Health and Human Services, Centers for Medicare & Medicaid Services