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.
- ★ This map utilizes the language from the Medicare hospice regulations for the hospice admission process.

Hospice provider checks the Medicare Common Working file (CWF) for previous hospice service

§ 418.22 – Certification of terminal illness; Subpart B

- Attending physician, if any, signs the certificate of terminal illness (CTI) 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 an election statement. If patient is not able, his/her representative may sign. The effective date may be same day or later than the signing date. **This is the first allowable date of billing.**

If Addendum requested within the first 5 days of care, hospice must provide addendum within 5 days of the request. If requested during the course of care, hospice provide within 3 days of request.

If patient is beginning the **3rd or subsequent benefit period**, a hospice physician or NP needs to complete a **hospice face to face encounter** with the patient.

§ 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.

§ 418.25 – 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

The effective date of the notice of hospice election is the billing start date.

The "election of hospice care" is the effective date of the election statement. The patient may sign the hospice election statement with a later (not earlier) effective date.

§ 418.54 – Initial and comprehensive assessment of the patient; Subpart C

- The hospice RN must complete an initial assessment within <u>48</u> <u>hours</u> after the <u>effective date</u> 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.

HOSPICE ADMISSION CARE MAP



§ 418.56 – Interdisciplinary group, care planning, and coordination of services; Subpart C

- The interdisciplinary group (IDG) RN coordinates the patient's plan of care.
- The written plan of care (POC) 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 POC.
- The POC must include all services necessary for the palliation and management of the terminal illness and related conditions.
- Content for the POC is outlined in § 418.56 (c)
- § 418.200 Requirements for coverage. POC must be established before care is provided.

Resources:

- ✓ <u>NHPCO Resources on Hospice Election</u> and Admission
 - Election
 - Admission/Initial and Comprehensive Assessment
 - Notice of Election
- ✓ CMS Interpretive Guidelines <u>State</u>
 <u>Operations Manual Appendix M</u>
- ✓ Other resources at NHPCO's <u>Regulatory</u> and Compliance Center at
- Ask NHPCO's Regulatory Assistance a question at <u>regulatory@nhpco.org</u>

§ 418.106 – Condition of participation: Drugs and biologicals, medical supplies, and durable medical equipment; Subpart D

- 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 selfadminister drugs and biologicals to the patient in his or her home.

§ 418.54 – Initial and comprehensive assessment of the patient; Subpart C

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 <u>as frequently as the</u> <u>condition of the patient requires,</u> <u>but no less frequently than every</u> <u>15 days</u>.

§ 418.56 – Interdisciplinary group, care planning, and coordination of services

Review of the plan of care.

- Hospice IDG (in collaboration with the individual's attending physician, if any) must review, revise and document the individualized plan <u>as</u> <u>frequently as the patient's</u> <u>condition requires, but no less</u> <u>frequently than every 15 calendar</u> 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.