



Medicare Hospice Conditions of Participation (CoPs)

Compliance Guide for Hospice Providers

January 2015

Sec. 418.112 Condition of Participation: Hospices that Provide Hospice Care to Residents of SNF/NF or ICF/IID

- **Resident eligibility, election and duration of benefits**
 - Medicare patients receiving hospice services and residing in a SNF, NF, or ICF/IID are subject to the same Medicare hospice eligibility criteria as any other hospice patient. The Medicare hospice eligibility criteria set out at [§ 418.20 through § 418.30](#).
 - **NOTE:** The language in the Interpretive Guidelines has changed, removing the designation of Intermediate Care Facilities for Individuals with Mental Retardation (ICF/MR). The facilities are now designated as **Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID)**.

- **Professional management**
 - The hospice must assume responsibility for:
 - Professional management of the hospice services provided to the patient.
 - Ensuring that hospice services are provided according to the hospice plan of care and Medicare hospice conditions of participation.
 - Making any necessary arrangements for hospice-related inpatient care in another participating Medicare/Medicaid facility.

- **Written agreement**
 - The hospice and the SNF/NF or ICF/IID must have a written agreement.
 - The agreement must:

On June 27, 2013, CMS published the [final rule](#) for long term care facilities regarding requirements when the facility enters into an agreement with a hospice to offer hospice services to residents of the facility. This final rule mirrors the hospice requirements in this section of the hospice CoPs. Interpretive Guidelines for this final rule are not yet released. Hospice providers need to be aware of these requirements when they partner with a LTC facility.

- Specify the hospice services that are to be provided in the facility.
 - Be signed by authorized representatives of the hospice and participating SNF/NF or ICF/IID facility before the provision of hospice services.
- The content of the agreement must specifically include:
 - The method and manner of communication between the hospice and the SNF/NF or ICF/IID, and the manner in which that communication will be documented.
 - **NOTE:** The provision of details regarding communication in the written agreement is to ensure that patient needs are met and addressed. It is about providing quality care.
- A provision that the SNF/NF or ICF/ IID immediately notifies the hospice if:
 - A significant change in a patient's physical, mental, social, or emotional status occurs;
 - Clinical complications appear that suggest a need to alter the plan of care;
 - A need to transfer a patient from the SNF/NF or ICF/ IID, and the hospice makes arrangements for, and remains responsible for, any necessary continuous care or inpatient care necessary related to the terminal illness and related conditions; or
 - A patient dies.
- A provision stating that the hospice assumes responsibility for determining the appropriate course of hospice care, including the determination to change the level of services provided.
 - **NOTE:** This provision will ensure that although the SNF/NF or ICF/IID is required to immediately notify the hospice of conditions that may influence the effectiveness of hospice services or of the hospice plan of care, the SNF/NF or ICF/IID is not permitted to change the level of services provided unless under the direction of the hospice to do so.
- An agreement that it is the responsibility of the SNF/ NF or ICF/IID to:
 - Continue to provide 24-hour room and board care.
 - Meet the personal care and nursing needs that the primary caregiver at home would have provided to the hospice patient before the election of hospice services.
 - This care should be provided at the same level as it would have been by the primary caregiver at home.
 - Hospice aides should **supplement personal care** provided by facility aides as needed. Hospice aides **do not** replace facility aides when a patient elects hospice care.
 - An agreement that it is the hospice's responsibility to provide services at the same level and to the same extent as those services would be provided if the SNF/NF or ICF/IID resident were in his or her own home.
 - A provision that the hospice is responsible for:
 - Provision of medical direction and management of the patient.
 - Nursing.
 - Counseling, including spiritual, dietary and bereavement counseling.

- Social work.
 - Provision of medical supplies, durable medical equipment and drugs necessary for the palliation of pain and symptoms associated with the terminal illness and related conditions.
 - Provision of all other hospice services necessary for the care of the resident's terminal illness and related conditions.
 - **NOTE:** The hospice is not limited to the provision of the above items.
 - A provision stating that the hospice must report all alleged violations to the SNF/NF or ICF/IID administrator within 24 hours of the hospice becoming aware of the alleged violation.
 - Violations include, but are not limited to:
 - Mistreatment.
 - Neglect.
 - Verbal, mental, sexual, and physical abuse, including injuries of unknown source.
 - Misappropriation of patient property by anyone unrelated to the hospice.
 - A provision of the responsibilities of the hospice and the SNF/NF or ICF/IID to provide bereavement services to SNF/NF or ICF/IID staff.
- **Plan of care**
 - A written hospice plan of care must be established and maintained in consultation with SNF/NF or ICF/IID representatives.
 - All hospice care must be provided in accordance with this plan of care.
 - The hospice plan of care must identify:
 - The care and services that are needed.
 - Which provider is responsible for performing the respective functions specified in the plan of care.
 - All components set out in Condition of Participation [418.56](#).
 - The plan of care must reflect the participation of the hospice, the SNF/NF or ICF/IID, and the patient and family.
 - The patient and the patient's family are expected to participate in the care and services of the hospice patient to the extent possible.
 - To implement changes in the hospice plan of care:
 - Any changes must be discussed with the patient or the patient's representative.
 - Any changes must be discussed with the SNF/NF or ICF/IID representatives.
 - **All changes must be approved by the hospice before implementation.**
- **Coordination of services**
 - The hospice must designate a member of each IDG that is responsible for a patient residing in an SNF/NF or ICF/IID. This designated IDG member is responsible for:

- Providing overall coordination of the hospice care of the patient with the SNF/NF or ICF/IID representatives.
 - Communicating with all health care providers, including the SNF/NF or ICF/IID representatives, and providing care for the terminal illness and related conditions, as well as conditions unrelated to the terminal illness.
 - The purpose of this extensive communication is to ensure the quality of care provided to the hospice patient.
 - The hospice must ensure that the hospice IDG communicates as needed with the SNF/NF or ICF/IID:
 - Medical director.
 - Attending physician of the hospice patient.
 - Any physicians other than the attending physician who are providing care or services to the hospice patient.
 - The purpose of this communication is specifically to coordinate the hospice care of the patient with the medical care provided by other physicians.
 - The hospice must provide the SNF/NF or ICF/IID with:
 - The most recent hospice plan of care specific to each hospice patient.
 - The hospice election form and any advance directives specific to each patient.
 - The physician initial certification and recertification of the terminal illness specific to each patient.
 - The names and contact information of hospice personnel involved in the hospice care of each patient.
 - Instructions to access the hospice’s 24-hour on-call system.
 - Hospice medication information specific to each patient.
 - Hospice physician and attending physician orders specific to each patient.
- **Orientation and training of staff**
 - Hospice staff must assure that basic orientation to hospice philosophy and basic principles is provided for SNF/NF or ICF/IID staff furnishing care to hospice patients. The orientation can include, but is not limited to:
 - Methods of comfort.
 - Pain control.
 - Symptom management.
 - Principles about death and dying.
 - Individual responses to death.
 - Patient rights.
 - Appropriate forms and record keeping requirements.

Additional NHPCO Resource

Hospice Provider/Nursing Facility Education Toolkit which includes

Available in the NHPCO [Regulatory & Compliance Center](#)

- The hospice must provide in-service education to SNF/NF or ICF-IID staff on the individual hospice's policies and procedures that relate to:
 - Care planning process.
 - Communication and coordination between hospice and facility staff.
 - Documentation.
 - Appropriate forms and record keeping requirements.
- The nursing home should identify any areas that would require orientation/training of hospice personnel such as infection control policies, use of durable medical equipment, etc.

*****Compliance suggestions for hospice providers*****

- Review and revise (as needed) program policy/procedure at least annually.
- Review and revise written agreements between the hospice and the SNF/NF or
- ICF/IID on a regular basis.
 - Ensure that lines of authority and responsibility are established in order to better coordinate quality care. Implement addendums or new contracts.
- Develop a model of communication between the hospice and the SNF/NF or ICF/IID to minimize confusion of responsibilities and duplication of services.
- Incorporate education about hospice in a facility requirements into your orientation program and continuing education for physicians.
- **Please note that hospice providers need to comply with the most stringent regulatory requirements (Federal or State).**

Resources

- NHPCO's Regulatory & Compliance Center
 - [Hospice in Facilities](#)
 - [Hospice Provider/Nursing Facility Education Toolkit](#)
- [Medicare and Medicaid Programs; Requirements for Long Term Care Facilities; Hospice Services](#) (June 27, 2013)

References

Part II - Department of Health and Human Services, Centers for Medicare & Medicaid Services
[42 CFR Part 418. Medicare and Medicaid Programs: Hospice Conditions of Participation; last update 2013](#)

Visit <http://www.gpo.gov/fdsys/browse/collectionCfr.action?collectionCode=CFR> to check for the most recent updates).