



## Hospice Regulations for Hospice Care in a Skilled Nursing Facility(SNF)

### Hospice Conditions of Participation

- **§418.112 Condition of participation: Hospices that provide hospice care to residents of a SNF/NF**
  - Are subject to the Medicare hospice eligibility criteria
  - The hospice must assume responsibility for professional management of the hospice services provided
  - The hospice and SNF/NF must have a written agreement that specifies the provision of hospice services in the facility. The agreement must be signed by the hospice and the SNF/NF before the provision of hospice services.
- **Written Agreement (MOU or Memo of Understanding)**
  - The written agreement must include at least the following:
  - The manner in which the SNF/NF and the hospice are to communicate with each other and document such communications to ensure that the needs of patients are addressed and met 24 hours a day.
  - A provision that the SNF/NF 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, 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.
  - It is the SNF/NF responsibility to continue to furnish 24 hour room and board care, meeting the personal care and nursing needs that would have been provided by the primary caregiver at home at the same level of care provided before hospice care was elected.
  - 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 resident were in his or her own home.
  - A delineation of the hospice's responsibilities, which include, but are not limited to the following:
    - Providing medical direction and management of the patient; nursing; counseling (including spiritual, dietary and bereavement); 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; and all other hospice services



that are necessary for the care of the resident's terminal illness and related conditions.

- A provision that the hospice may use the SNF/NF nursing personnel where permitted by State law and as specified by the SNF/NF to assist in the administration of prescribed therapies included in the plan of care only to the extent that the hospice would routinely use the services of a hospice patient's family in implementing the plan of care.
- A provision stating that the hospice must report all alleged violations involving mistreatment, neglect, or verbal, mental, sexual, and physical abuse, including injuries of unknown source, and misappropriation of patient property by anyone unrelated to the hospice to the SNF/NF administrator within 24 hours of the hospice becoming aware of the alleged violation.
- A delineation of the responsibilities of the hospice and the SNF/NF to provide bereavement services to SNF/NF staff.
- **Hospice Plan of Care:** In accordance with **§418.56**, a written hospice plan of care must be established and maintained in consultation with SNF/NF representatives. All hospice care provided must be in accordance with this hospice plan of care.
  - The hospice plan of care must identify the care and services that are needed and specifically identify which provider is responsible for performing the respective functions that have been agreed upon and included in the hospice plan of care.
  - The hospice plan of care reflects the participation of the hospice, the SNF/NF, and the patient and family to the extent possible.
  - Any changes in the hospice plan of care must be discussed with the patient or representative, and SNF/NF representatives, and must be approved by the hospice before implementation.
- **Coordination of Care:** The hospice must:
  - Designate a member of each interdisciplinary group (IDG) that is responsible for a patient who is a resident of a SNF/NF. The designated IDG member is responsible for:
    - (i) Providing overall coordination of the hospice care of the SNF/NF resident with SNF/NF representatives; and
    - (ii) Communicating with SNF/NF representatives and other health care providers participating in the provision of care for the terminal illness and related conditions and other conditions to ensure quality of care for the patient and family.
  - Ensure that the hospice IDG communicates with the SNF/NF medical director, the patient's attending physician, and other physicians participating in the provision of care to the patient as needed to coordinate the hospice care of the hospice patient with the medical care provided by other physicians.
  - Provide the SNF/NF with the following information:
    - (i) The most recent hospice plan of care specific to each patient;
    - (ii) Hospice election form and any advance directives specific to each patient;
    - (iii) Physician certification and recertification of the terminal illness specific to each patient;



- (iv) Names and contact information for hospice personnel involved in hospice care of each patient;
  - (v) Instructions on how to access the hospice's 24-hour on-call system;
  - (vi) Hospice medication information specific to each patient; and
  - (vii) Hospice physician and attending physician (if any) orders specific to each patient.
- **Orientation and Training of SNF Staff**
    - Hospice staff must assure orientation of SNF/NF staff furnishing care to hospice patients in the hospice philosophy, including hospice policies and procedures regarding methods of comfort, pain control, symptom management, as well as principles about death and dying, individual responses to death, patient rights, appropriate forms, and record keeping requirements.

**Skilled Nursing Facility Conditions of Participation for 42 CFR §483.70(o) Hospice Services**

SNF Conditions of Participation were updated in 2013 to mirror the requirements outlined in the Medicare Hospice conditions of participation (2008) with respect to patient choice, written agreement, staff coordination and communication, designated representative from SNF for IDG, training and orientation, and provision for bereavement

[https://www.nhpc.org/sites/default/files/public/regulatory/NH\\_Comp-Final-Rule\\_July-2013.pdf](https://www.nhpc.org/sites/default/files/public/regulatory/NH_Comp-Final-Rule_July-2013.pdf)

- **Orientation**
  - In the hospice CoPs, the hospice staff must assure orientation of LTC facility staff on hospice philosophy, hospice policies and procedures, principles of death and dying etc. [§418.112(f)]
  - In the LTC facility regulations, the facility staff must provide orientation on the policies and procedures of the facility, including patient rights, appropriate forms, and record keeping requirements to hospice staff furnishing care to LTC residents. [§483.75(t)(3)(v)]

**CT DPH Hospice Regulations re: Orientation**

**19-13-D72 Patient Care Policies (under Home Health Care)**

**(b)(2)(B)(vii) Patient Care Standards**

The agency shall ensure, as part of its coordination of inpatient care agreement with an inpatient setting, that **all direct service staff receive in-service education including two hours specific to hospice care**. The in-service education shall include current information regarding drugs and treatments, specific service procedures and techniques, pain and symptom management, psychosocial and spiritual aspects of care, interdisciplinary team approach to care, bereavement care, acceptable professional standards, and criteria and classification of clients served.