
CMS Manual System

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Department of Health &
Human Services (DHHS)
Centers for Medicare &
Medicaid Services (CMS)

Transmittal 104

Date: March 7, 2014

SUBJECT: State Operations Manual (SOM) Appendix M revisions for Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID)

I. SUMMARY OF CHANGES: The SOM Appendix M-Guidance to Surveyors: Hospice will be revised to reflect the current ICF/IID nomenclature.

NEW/REVISED MATERIAL - EFFECTIVE DATE: March 7, 2014

IMPLEMENTATION DATE: March 7, 2014

Disclaimer for manual changes only: The revision date and transmittal number apply to the red italicized material only. Any other material was previously published and remains unchanged. However, if this revision contains a table of contents, you will receive the new/revised information only, and not the entire table of contents.

II. CHANGES IN MANUAL INSTRUCTIONS: (N/A if manual not updated.)
(R = REVISED, N = NEW, D = DELETED) – (Only One Per Row.)

R/N/D	CHAPTER/SECTION/SUBSECTION/TITLE
R	Appendix M/Table of Contents
R	Appendix M-Guidance to Surveyors: Hospice/Part I – Investigative Procedures/III-The Survey Tasks/Task 2-Entrance Interview
R	Appendix M-Guidance to Surveyors: Hospice/Part II-Interpretive Guidelines/L759/§418.112 Condition of participation: Hospices that provide hospice care to residents of a SNF/NF or ICF/IID.
R	Appendix M-Guidance to Surveyors: Hospice/Part II-Interpretive Guidelines/L760/§418.112 - In addition to meeting the conditions of participation at §418.10 through §418.116, a hospice that provides hospice care to residents of a SNF/NF or ICF/IID must abide by the following additional standards.
R	Appendix M-Guidance to Surveyors: Hospice/Part II-Interpretive Guidelines/L761/§418.112(a) Standard: Resident eligibility, election, and duration of benefits.
R	Appendix M-Guidance to Surveyors: Hospice/Part II-Interpretive Guidelines/L762/§418.112(b) Standard: Professional management.
R	Appendix M-Guidance to Surveyors: Hospice/Part II-Interpretive Guidelines/L763/§418.112(c) Standard: Written agreement.
R	Appendix M-Guidance to Surveyors: Hospice/Part II-Interpretive

	Guidelines/L764/§418.112(c) - The written agreement must include at least the following
R	Appendix M-Guidance to Surveyors: Hospice/Part II-Interpretive Guidelines/L765/§418.112(c)(2) - A provision that the SNF/NF or ICF/IID immediately notifies the hospice if
R	Appendix M-Guidance to Surveyors: Hospice/Part II-Interpretive Guidelines/L767/§418.112(c)(4) - An agreement that it is the SNF/NF or ICF/IID 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.
R	Appendix M-Guidance to Surveyors: Hospice/Part II-Interpretive Guidelines/L768/§418.112(c)(5) - 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.
R	Appendix M-Guidance to Surveyors: Hospice/Part II-Interpretive Guidelines/L770/§418.112(c)(7) - A provision that the hospice may use the SNF/NF or ICF/IID nursing personnel where permitted by State law and as specified by the SNF/NF or ICF/IID 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.
R	Appendix M-Guidance to Surveyors: Hospice/Part II-Interpretive Guidelines/L771/§418.112(c)(8) - 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 or ICF/IID administrator within 24 hours of the hospice becoming aware of the alleged violation.
R	Appendix M-Guidance to Surveyors: Hospice/Part II-Interpretive Guidelines/L772/§418.112(c)(9) - A delineation of the responsibilities of the hospice and the SNF/NF or ICF/IID to provide bereavement services to SNF/NF or ICF/IID staff.
R	Appendix M-Guidance to Surveyors: Hospice/Part II-Interpretive Guidelines/L773/§418.112(d) Standard: Hospice plan of care.
R	Appendix M-Guidance to Surveyors: Hospice/Part II-Interpretive Guidelines/L775/§418.112(d)(2) - The hospice plan of care reflects the participation of the hospice, the SNF/NF or ICF/IID, and the patient and family to the extent possible.
R	Appendix M-Guidance to Surveyors: Hospice/Part II-Interpretive Guidelines/L776/§418.112(d)(3) - Any changes in the hospice plan of care must be discussed with the patient or representative, and SNF/NF or ICF/IID representatives, and must be approved by the hospice before implementation.

R	Appendix M-Guidance to Surveyors: Hospice/Part II-Interpretive Guidelines/L777/§418.112(e) Standard: Coordination of services
R	Appendix M-Guidance to Surveyors: Hospice/Part II-Interpretive Guidelines/L778/§418.112(e)(1)(i) - Providing overall coordination of the hospice care of the SNF/NF or ICF/IID resident with SNF/NF or ICF/IID representatives;
R	Appendix M-Guidance to Surveyors: Hospice/Part II-Interpretive Guidelines/L779/§418.112(e)(1)(ii) - Communicating with SNF/NF or ICF/IID 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.
R	Appendix M-Guidance to Surveyors: Hospice/Part II-Interpretive Guidelines/L780/(2) Ensure that the hospice IDG communicates with the SNF/NF or ICF/IID 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.
R	Appendix M-Guidance to Surveyors: Hospice/Part II-Interpretive Guidelines/L781/§418.112(e)(3) - Provide the SNF/NF or ICF/IID with the following information
R	Appendix M-Guidance to Surveyors: Hospice/Part II-Interpretive Guidelines/L782/§418.112(f) Standard: Orientation and training of staff

III. FUNDING: No additional funding will be provided by CMS; contractor activities are to be carried out within their operating budgets.

IV. ATTACHMENTS:

	Business Requirements
X	Manual Instruction
	Confidential Requirements
	One-Time Notification
	One-Time Notification -Confidential
	Recurring Update Notification

***Unless otherwise specified, the effective date is the date of service.**

State Operations Manual

Appendix M - Guidance to Surveyors: Hospice -

(Rev.104, Issued: 03-07-14)

Transmittals for Appendix M

§418.112- Condition of Participation: Hospices that Provide Hospice Care to Residents of a SNF/NF or ICF/*IID*

Part I – Investigative Procedures

Task 2 - Entrance Interview

(Rev. 104, Issued: 03-07-14, Effective: 03-07-14, Implementation: 03-07-14)

The entrance interview sets the tone for the entire survey. The surveyor must establish rapport with the hospice staff. During this interview, gather information to understand how the hospice organizes itself, and provides hospice care and services to patients.

1. Upon arrival at the hospice, complete the following primary activities:

- Present identification and introduce any survey team members;
- Request a meeting with appropriate staff based on the organizational characteristics of the hospice. Request a copy of the organizational chart;
- Inform the administrator or designee of the purpose of the survey;
- Ask the administrator or designee to explain the organization, services provided (directly and under arrangement) and the relationship to any corporate structure;
- Explain the survey process, and estimate the number of days onsite;
- Be aware that the unannounced survey may be disruptive to the normal daily activities of the hospice;
- Discuss the extent to which hospice staff may be involved during the survey;
- Set up the schedule for any necessary interviews with key staff (e.g., medical director, spiritual or pastoral counselor, bereavement counselor, volunteer supervisor, social worker, RN coordinator, etc.);
- Request that the hospice complete the Form CMS-417, Hospice Request for Certification in the Medicare Program (Exhibit 72) and return it to you as soon as possible, but no later than within 24 hours of the entrance conference, and
- Request space to work.

Investigate any discrepancies in information obtained during the entrance interview through observation, interviews with key staff, and a review of source documents, as needed, during the survey.

2. Request the following information during the entrance interview:

- Verification of addresses of all locations and/or short term inpatient facilities used by the hospice (either directly or under arrangements);
- Access to clinical records and the equipment necessary to read any clinical records maintained electronically. The hospice must also produce a paper copy of the record, if requested by the surveyor;
- Information given to the patient on admission to hospice;

- Documentation of hospice aide training and/or competency evaluations and in-service training;
- Information concerning services not provided directly;
- Number of unduplicated admissions for the entire hospice during the recent 12 month period, including Medicare/Medicaid and private pay patients;
- Number of current patients who are receiving hospice care at home, in an inpatient facility, SNF/NF, ICF/*IID* or other facility;
- List or access to names of patients scheduled for a home visit during the survey;
- Access to all active patient names (Medicare/Medicaid/private pay) receiving hospice services that identifies the election date, diagnosis, and date the initial and comprehensive assessment was completed. This will aid in selecting the sample for home visits and record reviews;
- Access to bereavement records for expired patients who received services during the last 12 months;
- List of current employees and volunteers, including name and title;
- List of contracts as applicable (e.g., SNF/NF, DME, Pharmacy, Inpatient facilities);
- Names of key staff (e.g., RN coordinator(s) for IDG(s), and persons most knowledgeable about the hospice aides, homemakers, volunteers, infection control, quality assessment and performance improvement (QAPI), in-service training, clinical supervision, bereavement);
- Clinical staff person who will be the primary resource responding to the surveyor's questions;
- Documentation of grievances/complaints that the hospice received during the past 12 months;
- Personnel files, policies and procedures, and CLIA certificate (if applicable, and
- Date(s) and time(s) of IDG reviews and plan of care updates.

Part II – Interpretive Guidelines

L759

(Rev. 104, Issued: 03-07-14, Effective: 03-07-14, Implementation: 03-07-14)

§418.112 Condition of participation: Hospices that provide hospice care to residents of a SNF/NF or ICF/*IID*.

L760

(Rev. 104, Issued: 03-07-14, Effective: 03-07-14, Implementation: 03-07-14)

§418.112 - In addition to meeting the conditions of participation at §418.10 through §418.116, a hospice that provides hospice care to residents of a SNF/NF or ICF/ID must abide by the following additional standards.

Interpretive Guidelines §418.112

For the purposes of this guidance under this condition, "facility" will be used in place of SNF/NF or ICF/ID.

All references to a "patient" in the guidance under this condition mean a person who is a resident of a facility and is receiving hospice services from the Medicare certified hospice.

L761

(Rev. 104, Issued: 03-07-14, Effective: 03-07-14, Implementation: 03-07-14)

§418.112(a) Standard: Resident eligibility, election, and duration of benefits.

Medicare patients receiving hospice services and residing in a SNF, NF, or ICF/ID are subject to the Medicare hospice eligibility criteria set out at §418.20 through §418.30.

L762

(Rev. 104, Issued: 03-07-14, Effective: 03-07-14, Implementation: 03-07-14)

§418.112(b) Standard: Professional management.

The hospice must assume responsibility for professional management of the resident's hospice services provided, in accordance with the hospice plan of care and the hospice conditions of participation, and make any arrangements necessary for hospice-related inpatient care in a participating Medicare/Medicaid facility according to §418.100 and §418.108.

Interpretive Guidelines §418.112(b)

The term "professional management" for a hospice patient who resides in a SNF/NF or ICF/ID has the same meaning that it has if the hospice patient were living in his/her own home. Professional management involves assessing, planning, monitoring, directing and evaluating the patient's/resident's hospice care across all settings.

The professional services provided by the hospice to the patient in his/her home should continue to be provided by the hospice to the patient in a facility, or other place of residence. Hospice core services must be routinely provided by the hospice, and cannot

be delegated to the facility. Hospices should specify that facility staff should immediately notify the hospice of these unplanned interventions. In the contract between the hospice and the facility, potential crisis situations and temporary emergency measures should be addressed and determined how they will be handled by facility staff.

Hospice is responsible for providing all hospice services including:

- Ongoing assessment, care planning, monitoring, coordination, and provision of care by the Hospice IDG.
- Assessment, coordination, and provision of any needed general inpatient or continuous care.
- Consultation about the patient's care with facility staff.
- Coordination by the hospice RN for the implementation of the plan of care for the patient.
- Provision of hospice aide services, if these services are determined necessary by the IDG to supplement the nurse aide services provided by the facility.
- Provision, in a timely manner, of all supplies, medications, and DME needed for the palliation and management of the terminal illness and related conditions.
- Financial management responsibility for all medical supplies, appliances, medications and biologicals related to the terminal illness and related conditions.
- Determination of the appropriate level of care to be given to the patient (routine homecare, inpatient, or continuous care).
- Arranging any necessary transfers from the facility, in consultation with the facility staff.

L763

(Rev. 104, Issued: 03-07-14, Effective: 03-07-14, Implementation: 03-07-14)

§418.112(c) Standard: Written agreement.

The hospice and SNF/NF or ICF/ID must have a written agreement that specifies the provision of hospice services in the facility. The agreement must be signed by authorized representatives of the hospice and the SNF/NF or ICF/ID before the provision of hospice services.

Interpretive Guidelines §418.112(c)

The written agreement is for the provision of hospice services between the two entities. As the written agreement is not patient specific, it does not need to be rewritten for each patient. If there are concerns regarding the provision of services, the hospice and the facility may review and revise this agreement as appropriate for needed changes and/or improvement in the working relationship between the two entities.

L764

(Rev. 104, Issued: 03-07-14, Effective: 03-07-14, Implementation: 03-07-14)

§418.112(c) - The written agreement must include at least the following:

(1) The manner in which the SNF/NF or ICF/IID 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.

Interpretive Guidelines §418.112(c)(1)

There should be evidence that the hospice and the facility have reached an agreement on how to communicate concerns and responses 24 hours a day in order to work together to meet the needs of the patient identified in the patient's plan of care. The hospice must document that this communication has occurred.

Procedures and Probes §418.112(c)(1)

- What system is in place to assure that the facility knows how to notify the hospice when necessary on a 24/7 basis?
- Is there any evidence that the communication is not occurring as needed during various times of the day or week or specific shifts?
- How does the hospice ensure that facility staff are able to recognize the individuals who are receiving hospice services and know that the services provided to this patient should be in accordance with the coordinated plan of care?
- What evidence is there that the hospice and the facility communicate with each other during and between patient visits, as appropriate, to share information about the patient's needs and response to the plan of care?
- Does the hospice staff have access to and the ability to communicate with facility staff about the patient's care as often as needed?

L765

(Rev. 104, Issued: 03-07-14, Effective: 03-07-14, Implementation: 03-07-14)

§418.112(c)(2) - A provision that the SNF/NF or ICF/IID immediately notifies the hospice if—

- (i) A significant change in a patient's physical, mental, social, or emotional status occurs;**
- (ii) Clinical complications appear that suggest a need to alter the plan of care;**
- (iii) A need to transfer a patient from the SNF/NF or ICF/IID arises, 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
- (iv) A patient dies.

Procedures and Probes §418.112(c)(2)

- Have there been instances when the facility transferred a patient to the hospital without notifying the hospice?
- Have there been instances when the hospice has been unaware of a significant change in the patient's status or death of a hospice patient?
- How does the hospice ensure that facility staff will contact the hospice immediately regarding the required provisions, including but not limited to:
 - Any changes in condition such as changes in cognition or sudden unexpected decline in condition;
 - A condition unrelated to the terminal condition or related conditions, such as a fall with a suspected fracture;
 - Complications, such as adverse consequences to a medication or therapy, requiring a revision to the plan of care; and
 - A patient's death.

L767

(Rev. 104, Issued: 03-07-14, Effective: 03-07-14, Implementation: 03-07-14)

§418.112(c)(4) - An agreement that it is the SNF/NF or ICF/ID 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.

Interpretive Guidelines §418.112(c)(4):

In entering into an agreement with each other, each provider retains responsibility for the quality and appropriateness of the care it provides in accordance with their respective laws and regulations. Both providers must comply with their applicable conditions/requirements for participation in Medicare/Medicaid. The facility's services must be consistent with the plan of care developed in coordination with the hospice, (the hospice patient residing in a facility should not experience any lack of services or personal care because of his/her status as a hospice patient); and the facility must offer the same services to its residents who have elected the hospice benefit as it furnishes to its residents who have not elected the hospice benefit. If a patient is receiving services from a Medicare/Medicaid certified nursing facility or ICF/ID, and the facility was advised of concerns by the hospice and failed to address and/or resolve issues related to coordination of care or implementation of appropriate services, the hospice surveyor will refer the

concerns as a complaint to the State Agency responsible for oversight of the facility identifying the specific patient(s) involved and the concerns identified.

L768

(Rev. 104, Issued: 03-07-14, Effective: 03-07-14, Implementation: 03-07-14)

§418.112(c)(5) - 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.

Interpretive Guidelines §418.112(c)(5)

Regardless of where a patient resides, a hospice is continually responsible for furnishing core services, and may not delegate these services to the facility staff.

L770

(Rev. 104, Issued: 03-07-14, Effective: 03-07-14, Implementation: 03-07-14)

§418.112(c)(7) - A provision that the hospice may use the SNF/NF or ICF/*IID* nursing personnel where permitted by State law and as specified by the SNF/NF or ICF/*IID* 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.

Probes §418.112(c)(7)

- Is there evidence that facility personnel assist in the administration of prescribed therapies included in the plan of care that exceed what a hospice family member might implement?
- How do the hospice and the facility identify the therapies that facility staff will be allowed to perform?

L771

(Rev. 104, Issued: 03-07-14, Effective: 03-07-14, Implementation: 03-07-14)

§418.112(c)(8) - 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 or ICF/*IID* administrator within 24 hours of the hospice becoming aware of the alleged violation.

L772

(Rev. 104, Issued: 03-07-14, Effective: 03-07-14, Implementation: 03-07-14)

§418.112(c)(9) - A delineation of the responsibilities of the hospice and the SNF/NF or ICF/IID to provide bereavement services to SNF/NF or ICF/IID staff.

Interpretive Guidelines §418.112(c)(9)

There are times when facility staff and residents fulfill the role of a patient's family, providing caregiver services, being companions, and generally supporting the patient. A hospice may offer bereavement services to facility staff or residents that fulfill the role of a hospice patient's family as identified in the patient's plan of care.

L773

(Rev. 104, Issued: 03-07-14, Effective: 03-07-14, Implementation: 03-07-14)

§418.112(d) Standard: 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 or ICF/IID representatives. All hospice care provided must be in accordance with this hospice plan of care.

L775

(Rev. 104, Issued: 03-07-14, Effective: 03-07-14, Implementation: 03-07-14)

§418.112(d)(2) - The hospice plan of care reflects the participation of the hospice, the SNF/NF or ICF/IID, and the patient and family to the extent possible.

Interpretive Guidelines §418.112(d)(2)

The hospice and the facility must develop a coordinated plan of care for each patient that guides both providers. When a hospice patient is a resident of a facility, that patient's hospice plan of care must be established and maintained in consultation with representatives of the facility and the patient/family (to the extent possible). The hospice portion of the plan of care governs the actions of the hospice and describes the services that are needed to care for the patient. In addition, the coordinated plan of care must identify which provider (hospice or facility) is responsible for performing a specific service. The coordinated plan of care may be divided into two portions, one of which is maintained by the facility and the other, which is maintained by the hospice. The facility is required to update its plan of care in accordance with any Federal, State or local laws and regulations governing the particular facility, just as hospices need to update their plans of care according to §418.56(d) of these CoPs. The hospice plan of care must specifically identify/delineate the provider responsible for each function/service/intervention included in the plan of care.

NOTE: The providers must have a procedure that clearly outlines the chain of communication between the hospice and facility in the event a crisis or emergency develops, a change of condition occurs, and/or changes to the hospice portion of the plan of care are indicated.

Based on the shared communication between providers, both providers' portion of the plan of care should reflect the identification of:

- A common problem list;
- Palliative interventions;
- Palliative outcomes;
- Responsible discipline;
- Responsible provider; and
- Patient goals.

Procedures and Probes §418.112 (d)(2)

- Interview the patient, family or representative if possible to determine their involvement in the development of the plan of care, defining the approaches and goals, and to determine if interventions reflect choices and preferences. Also, determine how they are involved in developing and revising pain management strategies (if any) and any necessary revisions if the interventions do not work.
- Determine whether medications or other interventions for symptom control, medical supplies or DME related to the terminal illness have been arranged and provided by the hospice, and are available for patient use. Determine whether there have been delays in the provision of medications and/or supplies/equipment, and how this has been addressed by the hospice and the facility.

L776

(Rev. 104, Issued: 03-07-14, Effective: 03-07-14, Implementation: 03-07-14)

§418.112(d)(3) - Any changes in the hospice plan of care must be discussed with the patient or representative, and SNF/NF or ICF/ID representatives, and must be approved by the hospice before implementation.

Interpretive Guidelines §418.112(d)(3)

The hospice and the facility must have a process in which they can exchange information from the hospice IDG plan of care reviews and assessment updates, and the facility team, patient and family (to the extent possible) conferences, when updating the plan of care and evaluating outcomes of care to assure that the patient receives the necessary care and

services. The hospice must authorize all changes to the hospice portion of the plan of care prior to the change being made.

Procedures and Probes §418.112(d)(3)

Based on observations, if concerns are identified that the plan of care does not identify the interventions observed, or if the patient and/or representative have indicated that the interventions are not meeting his/her needs, interview hospice and facility staff.

Determine how the hospice and facility monitor for the outcome of the interventions and what process they have in place to revise the plan of care to meet the needs of the patient.

Determine how the hospice is providing coordination of the plan of care interventions, assuring that the interventions are being implemented by the facility, and assuring that interventions are not changed without hospice approval.

L777

(Rev. 104, Issued: 03-07-14, Effective: 03-07-14, Implementation: 03-07-14)

§418.112(e) Standard: Coordination of services.

The hospice must:

(1) Designate a member of each interdisciplinary group that is responsible for a patient who is a resident of a SNF/NF or ICF/ID. The designated interdisciplinary group member is responsible for:

L778

(Rev. 104, Issued: 03-07-14, Effective: 03-07-14, Implementation: 03-07-14)

§418.112(e)(1)(i) - Providing overall coordination of the hospice care of the SNF/NF or ICF/ID resident with SNF/NF or ICF/ID representatives; and

Interpretive Guidelines §418.112(e)(1)(i)

The intent of this regulation is for the hospice IDG to designate a member responsible for overseeing and coordinating the provision of care between the hospice and the facility.

This person may or may not be the hospice RN responsible for the coordination of patient's hospice care in the facility. It may also be the physician, social worker or counselor member of the IDG. In order to facilitate the coordination and provision of hospice care to the patient, the hospice and the facility should address how the hospice staff access and communicate with facility staff. This includes, but is not limited to:

- Development of each provider's portion of the plan of care to assure that the plans are complimentary and reflect common goals and the patient's expressed desire for hospice care;
- Documentation in both respective entities' clinical records or other means to ensure continuity of communication and easy access to ongoing information;
- Role of any hospice vendor in delivering supplies or medications;
- Ordering, renewal, delivery and administration of medications; and
- Role of the attending physician, and process for obtaining and implementing physician orders.

Procedures and Probes §418.112(e)(1)(i)

- Does the hospice's system for ordering, renewal, delivery and administration of medications work effectively in the facility?
- What procedures are in place to ensure that the patient receives timely medication and treatments for optimal palliation, pain and symptom relief?
- Is there evidence that the hospice provides education to the facility on the hospice resident's pain and symptom management plan?
- Does the hospice work with the facility to monitor the effectiveness of treatments related to pain and symptom control?

L779

(Rev. 104, Issued: 03-07-14, Effective: 03-07-14, Implementation: 03-07-14)

§418.112(e)(1)(ii) - Communicating with SNF/NF or ICF/ID 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.

Procedures and Probes §418.112(e)(1)(ii)

If there are problems identified regarding failure to communicate with facility staff, interview the hospice designated IDG member, and the facility care plan coordinator for the patient, in order to determine:

- The system the hospice has in place to ensure continuity of communication and easy access to ongoing information (e.g., documentation in both respective entities' clinical records); and
- How the information from each provider's team conferences get communicated to the individuals participating in caring for the patient.

Determine if there have been any concerns related to the need to change or alter the plan of care; or if a significant change in condition occurred requiring a transfer to an acute care setting, and how and when the facility notified the hospice of the concerns.

In the event that there are concerns related to the coordination and implementation of the patient's plan of care for pain control and symptom management, interview the facility's nurse aides who provide direct care to the patient to determine:

- If they are aware of any complaints of pain from the patient or signs and symptoms that could indicate the presence of pain or discomfort;
- To whom they report the patient's complaints, signs, or symptoms; and
- If they are aware of, and implement, interventions for pain/discomfort management for the patient consistent with the patient's plan of care, (for example, allowing a period of time for a pain medication to take effect before bathing and/or dressing).

Review the plan of care to determine if the plan was coordinated between the hospice and the facility. Determine if symptom management, including pain management interventions, are included, if needed, and addressed as appropriate:

- Measurable pain management goals, reflecting patient needs and preferences;
- Pertinent non-pharmacological and/or pharmacological interventions;
- Time frames and approaches for monitoring the status of the patient's pain, including the effectiveness of the interventions;
- Identification of clinically significant medication-related adverse consequences such as falling, constipation, anorexia, or drowsiness, and a plan to minimize those adverse consequences; and
- Whether the pain has been reassessed and the plan of care revised as necessary if the current interventions are not effective or the patient has experienced a change of condition or status.

If the plan of care refers to a specific protocol, determine whether interventions are consistent with that protocol. If a patient's plan of care deviates from the protocol, determine through staff interview or record review the reason for the deviation.

Interview a facility staff person who is knowledgeable about the needs and care of the patient to determine:

- How and when staff communicate with the hospice when/if the patient is experiencing pain;
- If the patient receives pain medication (including PRN and adjuvant medications), how, when, and by whom the results of medications are evaluated (including the dose, frequency of PRN use, schedule of routine medications, and effectiveness);

- How staff monitor for the emergence or presence of adverse consequences of interventions;
- What is done if pain or other symptoms persist or recur despite treatment, and the basis for decisions to maintain or modify approaches; and
- How the hospice and the facility coordinate their approaches, communicate about the patient's needs, and monitor the outcomes (both effectiveness and adverse consequences).

L780

(Rev. 104, Issued: 03-07-14, Effective: 03-07-14, Implementation: 03-07-14)

(2) Ensure that the hospice IDG communicates with the SNF/NF or ICF/IID 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.

Interpretive Guidelines §418.112(e)(2)

Both providers may document physician orders. Orders are to be dated and signed in accordance with State laws. Implementation of the plan of care changes resulting from physician orders received by the facility must have **prior** hospice approval.

Procedures and Probes §418.112(e)(2)

If concerns were identified that changes to the plan of care, without prior hospice approval, occurred as a result of physician orders received by the facility, determine:

- How the IDG communicates with physicians involved with the patient; and
- If there is evidence that the IDG communicates effectively with all physicians involved in the patient's care to ensure that duplicative and/or conflicting physician orders related to the terminal illness and related conditions are not issued.

L781

(Rev. 104, Issued: 03-07-14, Effective: 03-07-14, Implementation: 03-07-14)

§418.112(e)(3) Provide the SNF/NF or ICF/IID 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.**

Interpretive Guidelines §418.112(e)(3)

The hospice and facility must have a process by which information from the hospice IDG plan of care reviews, updated assessments, and the facility team and the patient and family (to the extent possible) will be exchanged when developing and updating the plan of care and evaluating outcomes of care to assure that the patient receives the necessary care and services.

Probes §418.112(e)(3)

Interview facility staff involved in the care of the patient on their knowledge of how to contact hospice staff 24 hours a day.

L782

(Rev. 104, Issued: 03-07-14, Effective: 03-07-14, Implementation: 03-07-14)

§418.112(f) Standard: Orientation and training of staff

Hospice staff must assure orientation of SNF/NF or ICF/ID 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.

Interpretive Guidelines §418.112(f)

It is the hospice's responsibility to assess the need for staff training and coordinate the staff training with representatives of the facility. It is also the hospice's responsibility to determine how frequently training needs to be offered in order to ensure that the facility staff furnishing care to hospice patients are oriented to the philosophy of hospice care. Facility staff turnover rates should be a consideration in determining training frequency.

Procedures and Probes §418.112(f)

If during observations and interviews with the patient/representative and staff, concerns are identified that staff are not following the hospice philosophy, 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, interview hospice staff on how they have provided education to the facility staff.

How does the hospice assure that the facility staff furnishing care to hospice patients are trained in the hospice philosophy of care?