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| **DEPARTMENT OF HEALTH SERVICES** Division of Quality AssuranceF-62641 (03/2024) | **STATE OF WISCONSIN** |
| **HOSPICE INPATIENT CARE**  |
| Date – Review:       | CCN no./License no.:       | Surveyor Name/Number:       |
| Hospice Agency Name:       |
| **Required Services for Pain / Symptom Management**  |
| **L704** | **Short Term Inpatient Care** | Available for pain control, symptom management, respite | Y [ ]  N [ ]  |
| **L706** | **Symptom Management/Pain Control**  | Provides directly and meets CFR 418.110 | Y [ ]  N [ ]  |
| **L707 – L709**  | **Inpatient/Respite**  | Provided in hospital or SNF directly that meets CFR 418.110 (b) and (f) | Y [ ]  N [ ]  |
| **L710** | **Respite** | Provided in hospital, SNF, NF that meets CRF 418.108(b)(2) Must provide 24 -hour nursing services / Meet needs of all patients and are furnished in accordance with each patient plan of care.  | Y [ ]  N [ ]  |
| **Respite Contract of Agreement Review**  |  |
| **L655, L763, P4405** – Identification of services to be provided; signatures of authorized representatives | Y [ ]  N [ ]  |
| **L655** – Stipulation that hospice authorizes services to be provided and are in agreement with the hospice POC | Y [ ]  N [ ]  |
| **L655** – Manner of coordination, supervision, and evaluation by hospice | Y [ ]  N [ ]  |
| **L769, L768, L772** – Delineation of the roles of the hospice and service provider in the admission process, assessment, IDG Meetings and ongoing provision of palliative and supportive care | Y [ ]  N [ ]  |
| **L655**  – Personnel qualifications | Y [ ]  N [ ]  |
| **L655, L762, L766** – Retention of professional management responsibility | Y [ ]  N [ ]  |
| **L655** – Hospice responsible for payment of services  | Y [ ]  N [ ]  |
| **L764** – The manner in which the SNF/NF and the hospice are to communicate with each other and document such communications to ensure needs of patients are met 24 hours a day. | Y [ ]  N [ ]  |
| **L765** – Requirements for immediate hospice notification | Y [ ]  N [ ]  |
| **L766** – Provision stating that the hospice assumes responsibility for appropriate hospice care / level of services.  | Y [ ]  N [ ]  |
| **L767** – Agreement that it is the SNF/NF/ICF/IID responsibility to continue to furnish 24-hour room and board.  | Y [ ]  N [ ]  |
| **L770** – Provision that the hospice may use the SNF/NF/ICF/IID nursing personnel where permitted included in the Plan of Care  | Y [ ]  N [ ]  |
| **L771** – Reporting requirements for allegations of abuse and neglect | Y [ ]  N [ ]  |
| **L772** – Delineation of the responsibilities of the hospice and the SNF/NF/IVD/IID to provide bereavement services to SNF/NF/ICF/IID Staff. | Y [ ]  N [ ]  |
| **L711** – Hospice provides facility with patient’s POC/specific inpatient services to be furnished. | Y [ ]  N [ ]  |
| **L712** – Inpatient facility establishes policy consistent with those of hospice. | Y [ ]  N [ ]  |
| **L713** – Clinical record includes a record of all inpatient services and events. Copy is provided to hospice upon request at time of discharge.  | Y [ ]  N [ ]  |
| **L714** – Who is responsible for implementing agreement | Y [ ]  N [ ]  |
| **L715** – Hospice retains responsibility/documentation for appropriate care and training of personnel. | Y [ ]  N [ ]  |
| **Comments** |