

## How to Develop a Compliant Hospice/Nursing Home Partnership

Cherry Meier, RN, MSN, NHA  
Vice President of Public Affairs



---

---

---

---

---

---

---

---

### During this presentation you will learn:

- Regulations for the interface between hospice and nursing home providers.
- How to develop operations that meet regulatory requirements.
- Potential partnership communication and compliance issues that have been identified.



---

---

---

---

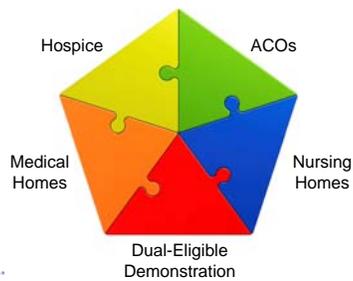
---

---

---

---

## Partnerships



---

---

---

---

---

---

---

---

**Philosophical Match**



**VITAS**  
Healthcare

---

---

---

---

---

---

---

---

**End-of-Life Care in a Nursing Home**

- Projections suggest that by 2030 half of the estimated three million persons residing in a nursing home will die there
- Centers for Disease Control and Prevention currently cite the most frequent causes of death (other than trauma) as diseases common among nursing home residents, such as heart disease, stroke, diabetes, cancer and Alzheimer's
- In addition to specific diagnoses, a resident's age, overall condition, unexpected acute illness and treatment choices may influence when death may occur

**VITAS**  
Healthcare

---

---

---

---

---

---

---

---

**Hospice Utilization in Nursing Facilities OIG Work Plan FY 2011**

- We will examine the characteristics of nursing facilities with high utilization patterns of Medicare hospice care and the characteristics of the hospices that serve them
- We will also assess the business relationships between nursing facilities and hospices and assess the marketing practices and materials of hospices associated with high utilization patterns

OEI- 02-10-00070

**VITAS**  
Healthcare

---

---

---

---

---

---

---

---

## Slide 5

---

DC1

un-italicize

DCARELLA, 12/04/2014

## Slide 6

---

1

No italics. Each statement should be bulleted

Graphic Freelance, 12/08/2014



### Licensing Requirements

- Hospice Conditions of Participation 418.112 if providing care to residents of a SNF/NF, ICF/MR implemented December, 2008
- Companion Nursing Home licensing rules 483.75 implemented August, 2013
- A draft of the Surveyor Guidance for 483.75 has been circulated for comments, but not released



---

---

---

---

---

---

---

---

### Written Agreement

- Must be in place before hospice care is furnished to any resident
- Nursing home is not required to have an agreement with a hospice, but may have an agreement with one or more hospices
- If a nursing home does not have an agreement and a resident requests hospice, assistance in transfer to another facility is provided
- Education is provided to key staff on the content of the written agreement



---

---

---

---

---

---

---

---

### Staff Introduction

- Designation of member of hospice interdisciplinary group
- Designation of nursing home member who has a clinical background
- Instructions on how to access hospice services 24/7
- Medical/electronic records
- Don't forget billing staff



---

---

---

---

---

---

---

---

**Orientation**

- Hospice provides orientation on hospice philosophy, pain control, symptom management, principles about death and dying, patient rights, individual responses to death, appropriate forms, recording keeping
- Nursing home provides orientation on policies and procedures in the facility, including patient rights, appropriate forms and record keeping
- Housekeeping issues: parking, use of cell phones, dress, use of space, electronic records, etc.

**VITAS**  
Healthcare

---

---

---

---

---

---

---

---

**Upon Admission**

- Notification of admission to MDS coordinator for completion of significant change in condition, which triggers completion of a comprehensive assessment and care plan
- Notification to nursing home billing staff and identification of hospice level of care
- Identification of attending physician and role of hospice physician
- Identification of medications, supplies and DME to be covered by hospice for a specific patient/resident

**VITAS**  
Healthcare

---

---

---

---

---

---

---

---

**Hospice Documentation in Nursing Home Medical Record**

- Hospice election form
- Physician certification and recertification of the terminal illness specific to each patient
- Advance directives
- Medication information and physician orders
- Most recent plan of care specific to each patient

**VITAS**  
Healthcare

---

---

---

---

---

---

---

---

**OIG Report, September 2009**

82% of claims for hospice benefits in the nursing home did not meet at least one Medicare coverage requirement pertaining to election statements, plans of care, services or certification of terminal illness

OE I-02-06-00221



**VITAS**  
Healthcare

---

---

---

---

---

---

---

---

**Development of Care Plans**

- Hospice has five days from admission to complete a comprehensive care plan
- Nursing home must complete a comprehensive MDS 3.0 within 14 days, followed by a care plan within seven days
- Hospice interdisciplinary team is required to conduct a team meeting every 15 days to update care plans



**VITAS**  
Healthcare

---

---

---

---

---

---

---

---

**Violations of Anti-Kickback Statute and False Claims Act under Increased Scrutiny**

- Hospice providing staff at its own expense to the nursing home to perform duties that otherwise would be performed by nursing home staff
- Hospice providing services merely at the request of the nursing home instead of according to the medical needs of the patient

**VITAS**  
Healthcare

---

---

---

---

---

---

---

---

### Violations of Anti-Kickback Statute and False Claims Act under Increased Scrutiny (Cont.)

- Nursing homes requesting and hospices providing services that are not considered hospice services, such as providing around-the-clock, non-skilled companionship-type services
- A hospice offering or providing free goods or services to nursing home staff.



---

---

---

---

---

---

---

---

### Resident Interviews

- Four interviews: Cognitive Patterns, Mood, Daily and Activity Preferences, Pain Assessment
- 85 to 90% of residents were able to participate in the interviews when using tools to enhance communication
- Intent is to individualize care and continue with daily routine



---

---

---

---

---

---

---

---

### Mood Interview

Some of the questions that have relevance to hospice include:

- Little interest or pleasure in doing things
- Feeling down, depressed or hopeless
- Feeling bad about yourself—or that you are a failure or have let yourself or your family down
- Thinking that you would be better off dead, or of hurting yourself in some way



---

---

---

---

---

---

---

---

### Preferences for Customary Routine and Activities: Daily Preferences

While you are in the facility, how important is it to you to:

- choose between a tub bath, shower, bed bath or sponge bath?
- choose your own bedtime?
- have your family or a close friend involved in discussions about your care?



---

---

---

---

---

---

---

---

### Preferences for Customary Routine and Activities: Activity Preference

While you are in the facility, how important is it to you to:

- listen to music you like?
- be around animals such as pets?
- keep up with the news?
- go outside to get fresh air when the weather is good?
- participate in religious services or practices?



---

---

---

---

---

---

---

---

### Pain Assessment

- Is the resident on a scheduled pain medication regimen? Have they received a PRN medication during the reference date?
- Is the resident receiving non-medication interventions for pain?
- Interview the residents to assess their level of pain
- Pain is assessed using either a numeric rating scale (0–10) or verbal descriptor scale (mild, moderate, severe, very severe, horrible)



---

---

---

---

---

---

---

---

### Care Plans

- Identifies the care and services to be provided and designates responsible party
- Any changes in the plan of care must be approved by all representatives before implementation
- **Coordinated** care plan developed with input from hospice, nursing home, patient/resident, family, physicians



VITAS Healthcare

---

---

---

---

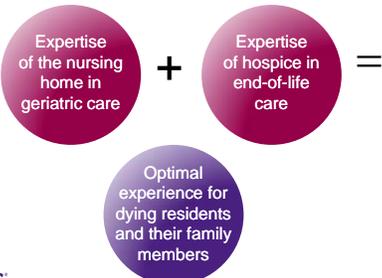
---

---

---

---

### Partnership



VITAS Healthcare

---

---

---

---

---

---

---

---

### Role of the Hospice Staff

- Has the same meaning to a hospice that it would if the patient were living in his/her own home
- Includes furnishing any necessary medical services that the hospice would normally furnish to patients in their homes
- All hospice services of the IDT must be routinely provided by the hospice and cannot be delegated to the facility unless circumstances require nursing facility intervention to meet the immediate needs of the patient
- May involve the nursing facility personnel only to the extent that the hospice would routinely utilize the services of a patient's family/caregiver

VITAS Healthcare

---

---

---

---

---

---

---

---

### Role of Nursing Facility Staff

- Become primary caregiver to the patient/resident
- Provide the same services that would be provided to any other resident
- Meet the Medicare/Medicaid regulations
- Notify the hospice of any change in condition, clinical complications requiring change in care plan, need to transfer the resident or resident's death



---

---

---

---

---

---

---

---

### Surveyor Interpretative Guidelines

Appendix PP Surveyor Interpretative Guidelines

- Review of a Resident Receiving Hospice Services
- Review of a Resident at or Approaching End of Life and/or Receiving Hospice Care and Services
- Advance Directives



---

---

---

---

---

---

---

---

### Surveyor Protocols

End-of-life stipulations are in the following:

- Pain
- Weight loss
- Feeding tubes
- Pressure ulcers
- Urinary incontinence
- Antipsychotic medications
- Activities



---

---

---

---

---

---

---

---

### Nursing Home Compare Antipsychotic Quality Indicators

- Percentage of short-stay residents who newly received an antipsychotic medication (residents receiving medication on admission are excluded)
- Percentage of long-stay residents who received an antipsychotic
- Residents with a diagnosis of schizophrenia, Tourette's syndrome or Huntington's disease are excluded
- Residents who receive antipsychotic medications during the death event are not captured on the discharge summary



---

---

---

---

---

---

---

---

### Survey

- The frequency of hospice surveys will change in 2015 from every seven to every three years. NH surveys every 12–15 months and deficiencies have a financial impact
- Nursing home surveyors are required to include hospice patients in their sample
- When either surveyor notes a deficiency, a complaint survey may be triggered for the other provider



---

---

---

---

---

---

---

---

### Factors Influencing Future Relationships



---

---

---

---

---

---

---

---

### Cost of Hospitalization

- Among 1.5 million NH residents in the US, about 1/3 will be hospitalized in one year, which equals about 450,000 hospitalizations
- Each hospitalization costs about \$6,500 for a hospital DRG payment, plus a 30-day SNF stay at \$350/day (for 1/3 of those hospitalized)—equals approximately \$10,000/hospitalization
- The total cost is \$4.5 billion



---

---

---

---

---

---

---

---

### Managed Care Organizations (MCO)

- Dual eligible population in the nursing home is included
- MCOs negotiating payment rates
- Moving away from fee-for-service to bundled payments
- MCOs negotiating contracts with select organizations
- Longer payment cycles



---

---

---

---

---

---

---

---

### Value-Based Purchasing

Payment based on performance of selected measures:

- Nurse staffing
- Avoidable hospitalizations
- Resident outcomes
- Survey deficiencies

Demonstration in Arizona, New York and Wisconsin



---

---

---

---

---

---

---

---

### Bibliography

- Office of Inspector General, "Medicare Hospices That Focus on Nursing Facility Residents," July 2011, OEI-02-10-00070
- Long Term Care Facility Resident Assessment Instrument User's Manual, Chapter 3, J-23, O-4
- Code of Federal Regulations 418.112: Condition of Participation: Hospices that provide hospice care to residents of a SNF/NF or ICF/MR
- Code of Federal Regulations 483.75: Requirement for Long Term Care Facilities



---

---

---

---

---

---

---

---

### Bibliography (Cont.)

- Office of Inspector General, Memorandum Report: "Medicare Hospice: Use of General Inpatient Care," May 3, 2013, OEI-02-10-00490
- Reinhart Attorneys at Law, Hospice Minute: "The Nursing Home/Hospice Relationship Garners Increased Scrutiny, Leading to Multi-Million-Dollar Penalties and Potential Criminal Sanctions," (August 20, 2014)
- Centers for Medicare & Medicaid Services, State Operations Manual, Appendix PP—Guidance to Surveyors for Long Term Care Facilities



---

---

---

---

---

---

---

---

### Questions & Discussion



---

---

---

---

---

---

---

---