What is Inpatient Care?
What is Inpatient Care?
Objectives:

At the end of this presentation, participants will be able to:

1) recall the definition of hospice services including inpatient services and respite services;

2) identify when a client must be informed of the availability of short-term inpatient services.

3) list the regulations that reference inpatient services and respite services.

4) recognize the facility type required for providing short-term inpatient services.
Three Levels of Hospice Care

- Routine
- Continuous
- Inpatient
How do Hospice agencies provide inpatient care to patients/clients?
TEXAS:

Texas Administrative Code (TAC)

The Texas licensure rules can be found at:

- [http://www.dads.state.tx.us/providers/HCSSA/rules.html](http://www.dads.state.tx.us/providers/HCSSA/rules.html)
What is Inpatient Care?

Hospice services include, at a minimum:

1. nursing;
2. medical social services;
3. counseling;
4. volunteer care;
5. bereavement counseling;
6. coordination of short-term inpatient care;
7. physician services; and
8. medications.

Reference: 40 TAC 97.403(c)
What is Inpatient Care?

Inpatient care must be available for pain control, symptom management, and respite purposes.

Reference 40 TAC 97.861
FEDERAL:

Code of Federal Regulations (CFR)

The CMS federal rules can be found at:
- [https://www.cms.gov/Hospice/](https://www.cms.gov/Hospice/)
  - click on Hospice Care Regulation: Title 42, Chapter IV, Part 418

State Operations Manual: Guidance for surveyors can be found at:
  - click on pdf: Appendix M State Operation Manual
What is Inpatient Care?

Inpatient care must be available for pain control, symptom management, and respite purposes.

Reference 42 CFR §418.108
What is Inpatient Care?

- Respite care - relief for the patient’s caregivers

- General inpatient care - is for pain control and symptom management
What is Inpatient Care?

General inpatient care may be required for procedures necessary for pain control or acute or chronic symptom management that cannot feasibly be provided in other settings.
What is Inpatient Care?

Inpatient respite care may be furnished to provide respite for the individual’s family or other persons caring for the individual at home.
Client Rights

The hospice must inform the client of the availability of short-term inpatient care for pain control, management, and respite purposes and the names of the facilities with which the agency has a contract agreement.

Reference 40 TAC §97.282
Client Rights

40 TAC 97.282(f)(2) - A client has the right to participate in planning their care or treatment and in planning a change in the care or treatment.

(A) An agency must advise or consult with the client or legal representative in advance of any change in the care or treatment.
Client Rights

- the patient must be involved in developing his or her hospice plan of care
- receive information about the services covered under the hospice benefit

Reference §418.52 (c)(2), (7)
Client Rights:
Counseling Services

- Employees must be trained in bereavement counseling and providing service for 1 year after patient’s death.

- Bereavement counseling extends to residents of a SNF/NF or ICF/MR when appropriate and identified in the bereavement plan of care.

Reference 42 CFR §418.64(d)1(ii)
Hospice Inpatient Care

- 40 TAC 97.861 and 97.870
- Inpatient care must be available for pain control, symptom management, and respite purposes.
- Inpatient care must be provided by a licensed hospice inpatient unit that meets the requirements, hospital or nursing facility.
Hospice Inpatient Care

Inpatient care must be available for pain control, symptom management, and respite purposes, and must be provided in a participating Medicare or Medicaid certified facility.

Reference 42 CFR §418.108
Hospice Inpatient Care:

- 40 TAC 97.880
- A hospice must assume responsibility for professional management of the hospice services it provides to a resident of a skilled nursing facility (SNF), nursing facility (NF), or an intermediate care facility for individuals with an intellectual disability or related conditions (ICF/IID), in accordance with the hospice plan of care.
Hospice Inpatient Care:

The hospice program must assure the continuity of client and family care in home and outpatient and *inpatient settings*.

The hospice makes arrangements for any necessary *inpatient care* and retains professional management responsibility for services furnished by inpatient facility staff.
Hospice Inpatient Care: Settings

§418.108(a) Standard: Inpatient care for symptom management and pain control. Inpatient care for pain control and symptom management must be provided in one of the following:

(1) A Medicare-certified hospice that meets the conditions of participation for providing inpatient care directly
Hospice Inpatient Care: Settings

(Continued)

§418.108(a)(2) - Medicare-certified hospital or a skilled nursing facility that also meets the standards specified in §418.110(b) and (e) regarding 24-hour nursing services and patient areas.

See Regulatory Services Policy Survey and Certification Clarification Letter (S&CC):

S&CC 09-03 – Hospice Inpatient Respite Services
Hospice Inpatient Care: Respite Services

Inpatient care for respite purposes must be provided in a Medicare or Medicaid-certified facility that meets the standards for:

- patient areas; and
- physical space.

Reference 42 CFR §418.108(b)
Hospice Inpatient Care:

Inpatient care provided under arrangement:

The hospice's arrangement for inpatient care must be described in a contract and must meet the requirements in 40 TAC 97.880.
Hospice Inpatient Care

Inpatient care provided under arrangement:

42 CFR §418.108(c) Standard: Inpatient care provided under arrangements

- If the hospice has an arrangement with a facility to provide for short-term inpatient care, the arrangement is described in a written agreement, coordinated by the hospice and at a minimum specifies the requirements at (c)(1)(a) – (d)
Hospice Inpatient Care: Training

- The hospice retains responsibility for training of personnel who will be providing the patient’s care in the inpatient facility.

- The hospice must document a description of the training and the names of those giving the training.

Reference CFR 42 418.108(c)(5)
Hospice Inpatient Care

Inpatient care provided directly:

A freestanding hospice that provides inpatient care directly must comply with the requirement at this standard – in addition to the standards in subsections (a)-(v) of this section.

Reference 40 TAC 97.403(w)
Hospice Inpatient Care

Inpatient care provided directly:

A hospice that provides inpatient care directly in its own facility must demonstrate compliance with all of the following standards: (a) – (o)

Reference 42 CFR §418.110
Hospice Inpatient Care

Common Noncompliance Citations

1) The agency failed to provide inpatient services for whom the agency had identified a need for inpatient care.

2) The agency failed to ensure that a current, signed contract was maintained with an eligible facility to provide general inpatient services.

3) The agency failed to ensure that patients were provided in-patient respite care by a participating Medicare or Medicaid facility.
Hospice Quality and Assessment and Performance Improvement Program

QAPI:
A hospice must develop, implement, maintain and evaluate an ongoing, comprehensive integrated self assessment of the quality and appropriateness of care provided, including inpatient care, home care, and care provided under arrangement.
Hospice Quality and Assessment and Performance Improvement Program

- The data elements must:
  1. consider aspects of care related to hospice and palliation;
  2. be an integral part of the comprehensive assessment;
  3. be documented by the hospice in a systematic and retrievable way for each client;
  4. be used by the hospice in individual client care planning and in the coordination of a client's services; and
  5. be used in the aggregate for the hospice's quality assessment and performance improvement program.
Hospice Program Data

The hospice’s governing body must ensure the program reflects:

- Program Scope
- Program Data
- Program Activities

Reference 42 CFR §418.58
Hospice Program Data

Standard: *Program data*

(1) The program must use quality indicator data, including patient care, and other relevant data, in the design of its program.

Reference 42 CFR §418.58(b)(1)
Hospice Program Data

Standard: *Performance improvement projects*

Beginning February 2, 2009, hospices must develop, implement and evaluate performance improvement projects (PIP).

Reference 42 CFR §418.58(d)
Open Discussion

- Planned Regulation Amendments for 2014-2016
- What Questions Do You Have?
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