



TEXAS & NEW MEXICO HOSPICE ORGANIZATION

FAQ: The Traveling Hospice Patient

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Disclaimer: The answers provided in this document are the result of the Texas and New Mexico Hospice Organization's research and analysis. If you have specific questions on rules and interpretation, contact the regional or state offices in your state. While this FAQ cites the Code of Federal Regulations and Texas Licensure rules, New Mexico hospice providers may find the information valuable.

NOTE: This FAQ answers general (non-pandemic) questions. Answers may change during a pandemic. It is always good to reach out to your regional surveyor or the Centers for Disease Control (CDC) for the latest information.

Question: I thought a person on hospice could not travel, but I have been advised that they can. Can my patient leave the area on vacation while receiving hospice services?

Answer: Yes, a person on hospice can travel out of the area, but within the United States. The Medicare Modernization Act of 2003 allowed for two things:

1. A person receiving hospice could travel outside their service area: and
2. The hospice provider can contract with a hospice in the vacationing/visiting area to provide hospice services while their patient is on vacation or out of their service area.

Vacations, weddings, graduations, etc. are considered by the Centers for Medicare and Medicaid Services as an exceptional circumstance, because it isn't an everyday occurrence.

Question: How long can the person on hospice be gone?

Answer: Vacations are considered unusual and temporary situations. If the patient is well enough to travel, the hospice will make arrangements with the hospice where the patient will be vacationing. While there is no time limit, the hospice provider must consider what to do, i.e. discharge, transfer, or patient revocation, based on how the patient is doing at 15 days, when the plan of care review is due, the patient needs, emergencies, etc. Consider making arrangements with the contracted hospice to update the plan of care, as needed. Consider a discussion with the patient about the possibility of patient revocation if the patient's desire to stay exceeds the hospice providers comfort level.

It is imperative that the home hospice and the hospice at the vacation site maintain clear and thorough documentation about the illness, patient needs, health events, etc. to ensure that hospice eligibility is not questioned. Discuss with the patient how long they will be gone, health concerns both of you have and the possibility that the length of time could pose a hardship on the patient. The patient and the hospice may determine that revocation, discharge or transfer would be appropriate.

It is important that the hospice understands what revocation is so they can share this information with the patient and caregiver. Hospice revocation is a decision for the patient to make. It is **NOT** a decision that the hospice can make per federal and state rules! The patient can revoke hospice care at any time during the election period. The hospice will file a document that is signed by the individual stating that they are revoking Medicare/Medicaid coverage of

hospice care for the remainder of the election period. The document will include the date of revocation. The revocation effective date cannot be earlier than the date the revocation is made. The revocation cannot be verbal. The hospice will advise the patient and caregiver that regular Medicare/Medicaid coverage of benefits will resume, they will no longer be eligible under Medicare/Medicaid for hospice coverage and they can elect to receive hospice coverage for any other election period that they are eligible to receive.

Educating the patient on revocation is important. The patient and caregiver may have difficulty understanding that all of their Medicare/Medicaid benefits will resume. They may have forgotten that when they elected hospice, regular Medicare/Medicaid did not cover everything related to the terminal illness and this was covered under the hospice benefit. Clearly explaining that full Medicare/Medicaid benefits will be restored and hospice care will end is an important part of revocation education. Be sure that the patient and caregiver understand that when they return home they can elect back onto hospice.

The hospice provider can transfer or discharge the patient to the contracted hospice. The hospices and patient will discuss the possibility of transfer or discharge. If the patient is gone for an extended time, a transfer or discharge would be appropriate, especially if a face to face and recertification is due while they are gone. The hospice should ensure that the patient understands that they can transfer back to the home hospice since it will be a new benefit period.

Question: How will the home hospice agency update the comprehensive plan of care, re-certifications, and face to face visits if they are due while the patient is gone? Can the hospices have telephonic conferences to address comprehensive assessments and plans of care?

Answer: The home hospice can discuss transfer (or discharge) to the vacationing hospice.

If re-certifications and face to face encounters are due while the patient is gone, remember you can complete them no more than 30 calendar days prior to the benefit period for recertification.

Comprehensive assessments and plans of care are two separate requirements. A comprehensive assessment is an evaluation while a plan of care is a written order that is developed from a comprehensive assessment. Completion of the comprehensive assessment should provide the hospice with a complete picture to develop the plan of care. It is confusing because they are both due within 15 days or sooner if the client's condition requires it. There are no exceptions or allowances for going over the 15-day due date.

The interpretive guidelines for §418.56(a) regarding telephonic conferences may not apply to this situation. The interdisciplinary team (IDT) is not required to have a scheduled telephonic conference with a contracted hospice to update a plan of care. However, the IDT may use information gathered from telephonic conferences with a contracted hospice to review, revise, and develop the plan of care. The rules require a hospice agency to develop and maintain a system of communication to ensure ongoing sharing of information whether the services are provided directly or under arrangement. The rules do not specify that a specific method of communication is required to update a plan of care.

Please see the following relevant rules:

- 26 TAC §558.812(a) – Update of the Hospice Comprehensive Assessment / 42 CFR §418.54(d);
- 26 TAC §558.820 – Hospice Interdisciplinary Team / 42 CFR §418.56(a);
- 26 TAC §558.822 – Review of the Hospice Plan of Care / 42 CFR §418.56(d); and,
- 26 TAC §558.823 – Coordination of Services by the Hospice / 42 CFR §418.56(e).

Question: How should a hospice address weekend visits; three to four days at the most? Does the hospice enter into contracts with other hospices, have a policy, etc.?

Answer: Regardless of the number of days the patient is away, the hospice provider must take into consideration all the questions and answers in this FAQ, for example: the patient's ability to be away for any length of time, the ability to implement or maintain the plan of care and its professional management, the hospice's ability to contract with another hospice/DME/pharmacy company, etc. in the community the patient will be visiting, and ensuring the patient has enough medications for that period of time.

Question: Does the hospice need to have a policy when a patient takes a vacation?

Answer: Yes. The policy needs to be shared with patients ahead of time. There is no rule as to how far in advance, but the hospice would want the patient to be able to make plans accordingly and ask any questions. Some items the policy would cover are: How long the hospice will allow a patient to be on “vacation” outside the service area before revocation, discharge or transfer would be initiated. What will the hospice do to ensure the patient’s needs are met by the contracted hospice, DME and pharmacy companies?

Question: Can the hospice patient travel outside of the United States or go on a cruise?

Answer: Yes, the hospice patient can leave the country or go on a cruise; however, you will need to advise the patient that a discharge or revocation will be needed. No contracts can be made with cruise ships. Other countries have different health care systems.

Question: Does the home hospice, need to enter into an agreement with the hospice in the community where the patient is going?

Answer: Yes. The home hospice will begin this process early to ensure that everything is in place prior to the patient’s arrival in the vacationing community. The earlier the hospice is made aware of a patient’s travel plans the better everyone can prepare to meet the patient’s needs.

Question: What kinds of things should be addressed in the contract?

Answer: Once a hospice willing to contract is located, discuss with the patient what they want or need during the time they are away. The hospice will want to ensure that the contract reflects things such as:

- Patient wants and needs;
- Visits: will they be by phone or a face-to-face visit? How often?
- How quickly will the initial contact be made by the home hospice to the contracted hospice?
- Upon patient arrival, how soon will the contracted hospice reach out to the patient?
- How will the contracted hospice and home hospice communicate? How often?
- What information will the home hospice share about the patient with the contracted hospice?
- What information will be shared with the home hospice from the contracted hospice?
- How will the plan of care be updated?
- Payment: Will it be by the hour, phone call, a face to face? How will the payment be made? When it will be paid? How much?
- Consider other timelines as necessary.

There is no limit to what will be in writing. The home hospice has professional management responsibility for the patient’s needs, services and plan of care. Remember, a contract should not be entered into lightly or at the last minute. The home hospice will stay in touch with the hospice at the vacation site and maintain professional management of the plan of care.

Consider the need for a pharmacy agreement in case the patient has needs for medication refills.

Question: Can the visits by the contracted hospice in the vacationing community be done PRN, phone call only, or upon request of the patient?

Answer: Yes. Any of these could be reasonable. Visits will be determined in the contract; however, the patient will determine with the two hospices what will work for the patient. Always be cognizant that visits could change based on the patient needs: the patient’s needs may increase or decrease once they are at their vacation destination. All changes need to be documented and shared between the two hospice providers. The home hospice is responsible for the professional management of the contract, plan of care and situation.

Question: Should the home hospice send the patient’s plan of care to the contracted hospice? If they request other pieces of information, can the home hospice share that with them as well?

Answer: Yes. Send any information that would be helpful to the contracted hospice so that they can be familiar with the patient and their needs. The contracted hospice will advise the home hospice as to what they would like as well. These items can be included in the contract.

Question: What kinds of information and other items should be sent with the patient when they go on vacation?

Answer: At the very least, the hospice will ensure that the patient has the name of the contracted hospice, a contact person and the hospice phone number. Ensure patient’s needs are met while they are gone, so consider things like durable medical equipment, medication, etc.

Question: How are hospice services billed and payed?

Answer: The home hospice would continue to bill for routine home care for every day even the days the patient is traveling. The home hospice would document their contacts with the contracted hospice provider, the care provided, all other information required for billing and other purposes, etc. The contract will outline what the contracted hospice will receive for services or calls to the patient.

Question: Are there any state or federal rules, laws or statements regarding hospice patients and travel?

Answer: The following documents address the information shared within this FAQ:

- Medicare Benefit Policy Manual Chapter 9 Coverage of Hospice Services Under Hospital Insurance : <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/bp102c09.pdf>.
- Medicare Claims Processing Manual Chapter 11 Processing Hospice Claims: <https://www.cms.gov/regulations-and-guidance/guidance/manuals/downloads/clm104c11.pdf>
- 42 Code of Federal Regulations 418 Hospice Services
 - §418.26 Discharge from Hospice Care
 - §418.28 Revocation of Hospice Care<https://www.govinfo.gov/app/details/CFR-2011-title42-vol3/CFR-2011-title42-vol3-part418>.
- 26 Texas Administrative Code Chapter 266 Medicaid Hospice, Revoking the Election of Hospice Care: https://texas-sos.appianportalsgov.com/rules-and-meetings?chapter=266&interface=VIEW_TAC&part=1&subchapter=B&title=26.
- Texas State Licensure Rules 26 Texas Administrative Code Chapter 558 Licensing Standards for Home and Community Support Services Agencies: https://texas-sos.appianportalsgov.com/rules-and-meetings?chapter=558&interface=VIEW_TAC&part=1&title=26
 - §558.282 (f)(2) Client Conduct and Responsibility and Client Roles
 - §558.288 Coordination of Services
 - §558.289 Independent Contractors and Arranged Services
 - §558.294 Time Frames for the Initiation of Care or Services
 - §558.295 Client Transfer or Discharge Notification Requirements
 - §558.301 Client Records
 - §558.821 Hospice Plan of Care
 - §558.822 Review of the Hospice Plan of Care
 - §558.823 Coordination of Services by the Hospice