

# Hospice Levels of Care (LOC)

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The Leaders in Home Health and Hospice Care


# Objectives

- ▶ The participant will be able to describe Routine Home Care (RHC)
- ▶ The participant will be able to describe Continuous Home Care (CHC)
- ▶ The participant will be able to describe Inpatient Respite Care
- ▶ The participant will be able to describe General Inpatient Care (GIP)


# Level of Care (LOC)

- ▶ The level of care under the Medicare Hospice benefit is determined based on the intensity of care provided to the beneficiary, NOT the location where services are provided.

# Level of Care (LOC)

- ▶ Routine Home Care (RHC)
  - ▶ Continuous Home Care (CHC)
  - ▶ Inpatient Respite Care
  - ▶ General Inpatient (GIP)
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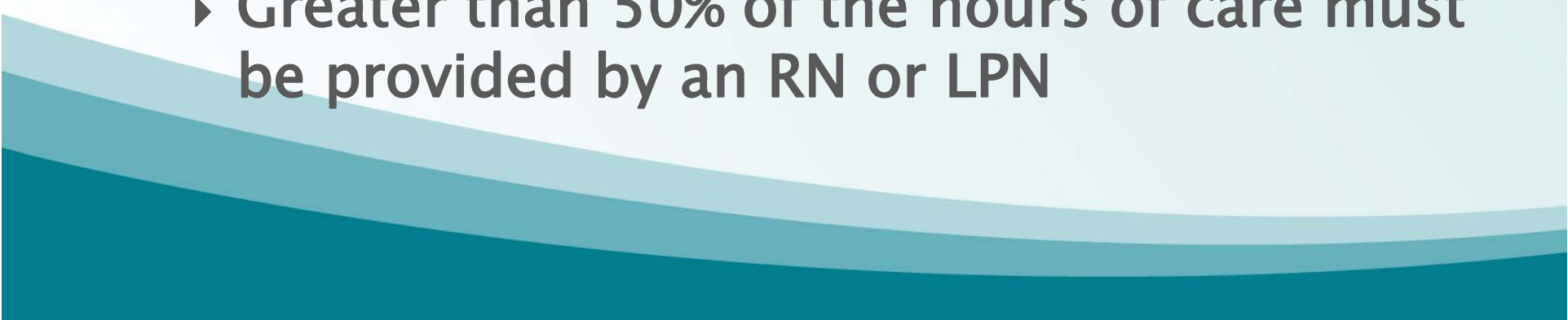
# Routine Home Care (RHC)

- ▶ Is the default level of care, when no other level of care is appropriate
  - ▶ It is typically provided to the beneficiary in their home, according to their needs
  - ▶ The payment for each day is made without regard to the volume or intensity of routine home care services provided on any given day
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# Continuous Home Care (CHC)

- ▶ Is provided only during periods of crisis & is covered only as necessary to maintain the patient at home
- ▶ A period of crisis is a period in which a patient requires primarily nursing care, to achieve palliation or management of acute medical symptoms
- ▶ A minimum of 8 hours must be provided
- ▶ If fewer than 8 hours of care are provided, the services are reimbursed as a routine home care

# Continuous Home Care Hours

- ▶ The Hospice must provide a minimum of 8 hours of care during a 24-hour day, which begins at midnight and ends at midnight
  - ▶ This care need not be continuous (4 hours could be provided in the morning & another 4 hours in the evening)
  - ▶ Greater than 50% of the hours of care must be provided by an RN or LPN
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# Continuous Home Care Hours

- ▶ The computation of the required 8 hours for the CHC level of care applies only to direct patient care provided by a nurse, a homemaker or a Hospice aide



# Inpatient Respite Care

- ▶ Respite care is short-term inpatient care provided only when necessary to relieve the family members or other persons caring for the patient at home
- ▶ Respite care is reimbursed for up to five consecutive days at a time, including the date of admission but not including the date of discharge.

# Inpatient Respite Care

- ▶ More than one respite period (of no more than 5 days each) is allowable in a single billing period
- ▶ Respite care can only be provided in a Medicare designated inpatient facility (Hospice House, hospital or SNF)
- ▶ It cannot be provided in an ALF or at home

# Inpatient Respite Care

- ▶ Respite care cannot be provided when there is no identified caregiver or there is no clear reason for caregiver relief
- ▶ The patient's plan of care during the inpatient respite stay is the same as if the patient were receiving care in their home

# Inpatient Respite Care

- ▶ The established visit frequency is followed by the Hospice interdisciplinary group & the facility staff would give care that the caregiver would provide in the home setting

# General Inpatient (GIP)

- ▶ General inpatient care is care in an inpatient setting for pain control or acute or chronic symptom management which cannot be managed in other settings
- ▶ There is no particular disease, condition, or symptom specified that is a qualifier for GIP
- ▶ Each patient's symptoms will differ

# General Inpatient (GIP)

- ▶ GIP is intended to be a short term intervention, but there is no limit on the number of days or number of episodes GIP each patient receives
- ▶ GIP may also be provided at the end of an acute hospital stay if there is a need for pain control or symptom management which cannot be feasibly provided in the home setting at hospital discharge

# General Inpatient (GIP) Admission Documentation to Include

- ▶ Precipitating event (onset and progression of symptoms)
- ▶ Previous Interventions tried in the home/location
- ▶ Symptom changes may be, but are not limited to, the following:
  - Sudden deterioration requiring frequent nursing intervention to assess and manage symptoms
  - Poorly controlled pain

# General Inpatient (GIP) Admission Documentation to Include

- ▶ Symptom changes may be, but are not limited to, the following:
  - Poorly controlled nausea and vomiting
  - Pathological fractures
  - Respiratory distress which becomes unmanageable
  - Transfusions for relief of symptoms
  - Traction and frequent repositioning requiring more than one staff members



# General Inpatient (GIP) Admission Documentation to Include

- ▶ Symptom changes may be, but are not limited to, the following:
  - Wound care requiring complex and/or frequent dressing changes that cannot be managed in the patient's residence
  - Severe agitated delirium or acute anxiety or depression secondary to the end-stage disease process

# General Inpatient (GIP) Daily Documentation to Include

## ▶ Pain Requirements Met

- Frequent evaluation by doctor or nurse
- Frequent medication adjustment
- IVs or transfusions that cannot be administered at home
- Aggressive pain management
- Complicated technical delivery of medication requiring a nurse to do calibration, tubing, site care

## ▶ Uncontrolled bleeding

# General Inpatient (GIP) Admission Documentation Example

- ▶ “Patient continues to rate pain at a 10 and vomiting 200 ml per hour of clear fluids. Pain medications and anti-nausea medication has been given and patient has been NPO for 6 hours with no relief. Patient will be transferred to GIP on 10/12/2014 at 10am.”

# General Inpatient (GIP) Documentation Example

- ▶ “Patient continues to rate pain at a 8, with a desired pain level of 4 or below. IV Morphine and Phenergan initiated 2 hours ago (see medication flow sheet). Patient has vomited 50 ml clear liquids since Phenergan was given and no oral intake. Nurse will continuously monitor pain and vomiting and continue to manage medications to alleviate these symptoms.”

# Levels of Care (LOC)

- ▶ Review “LOC” handouts