



## Hospice Services Provided in a Long Term Care Facility

### Companion Regulations for Hospices and Long Term Care Facilities

Changes to the Medicare Hospice Conditions of Participation were published as a final rule on June 8, 2008 in the Federal Register. Section 418.112 was added to regulate hospices as they provide hospice care to residents of a SNF/NF or an ICF/MR.

A companion rule for long term care facilities was published as a final rule on June 27, 2013 in the Federal Register. Section 483.75(t) was added to regulate long term care facilities as they offer hospice care to residents of a long term care facility.

This side-by-side chart was developed by NHPCO to assist providers in identifying roles and responsibilities for each provider and to assist in developing written agreements that govern the provision of hospice care in long term care facilities. The chart is developed in the order the regulations are published for hospice providers. The new regulations for long term care facilities are “matched” to the hospice regulations.

<b><i>Hospice Conditions of Participation</i></b> <b>§418.112: Hospices that provide hospice care to residents of a SNF/NF or ICF/MR.</b>	<b><i>Subpart B: Requirements for Long Term Care Facilities</i></b> <b>§483.75</b>
	<b><i>(t) Hospice services.</i></b>
	<b><i>§438.75(t)(1)</i></b> A long-term care (LTC) facility may do either of the following:
	(i) Arrange for the provision of hospice services through an agreement with one

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	<p>or more Medicare-certified hospices.</p>
	<p>(ii) Not arrange for the provision of hospice services at the facility through an agreement with a Medicare-certified hospice and assist the resident in transferring to a facility that will arrange for the provision of hospice services when a resident requests a transfer.</p>
	<p><b>§438.75(t)(2)</b> If hospice care is furnished in an LTC facility through an agreement as specified in paragraph (t)(1)(i) of this section with a hospice, the LTC facility must meet the following requirements:</p>
<p><b>§418.112(a) Standard: Resident eligibility, election, and duration of benefits.</b> Medicare patients receiving hospice services and residing in a SNF, NF, or ICF/MR are subject to the Medicare hospice eligibility criteria set out at §418.20 through §418.30.</p>	
<p><b>§418.112(b) Standard: Professional management.</b> The hospice must assume responsibility for professional management of the resident's hospice services provided, in accordance with the hospice plan of care and the hospice conditions of participation, and make any arrangements necessary for hospice-related inpatient care in a participating Medicare/Medicaid facility according to § 418.100 and § 418.108.</p>	<p><b>§483.75(t)(2)(i)</b> Ensure that the hospice services meet professional standards and principles that apply to individuals providing services in the facility, and to the timeliness of the services.</p>
<p><b>§418.112(c) Standard: Written agreement.</b> The hospice and SNF/NF or ICF/MR must have a written agreement that specifies the provision of hospice services in the facility. The agreement must be signed</p>	<p><b>§483.75(t)(2)(ii)</b> Have a written agreement with the hospice that is signed by an authorized representative of the hospice and an authorized representative of the LTC facility before hospice care is furnished to any</p>

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by authorized representatives of the hospice and the SNF/NF or ICF/MR before the provision of hospice services.	resident. The written agreement must set out at least the following:
<b>§418.112 (c)(1)</b> The manner in which the SNF/NF or ICF/MR and the hospice are to communicate with each other and document such communications to ensure that the needs of patients are addressed and met 24 hours a day.	<b>§483.75(t)(2)(ii)(D)</b> A communication process, including how the communication will be documented between the LTC facility and the hospice provider, to ensure that the needs of the resident are addressed and met 24 hours per day.
<b>§418.112(c)(2)</b> A provision that the SNF/NF or ICF/MR immediately notifies the hospice if— <ul style="list-style-type: none"> <li>(i) A significant change in a patient's physical, mental, social, or emotional status occurs;</li> <li>(ii) Clinical complications appear that suggest a need to alter the plan of care;</li> <li>(iii) A need to transfer a patient from the SNF/NF or ICF/MR, and the hospice makes arrangements for, and remains responsible for, any necessary continuous care or inpatient care necessary related to the terminal illness and related conditions; or</li> <li>(iv) A patient dies.</li> </ul>	<b>§483.75(t)(2)(ii)(E)</b> A provision that the LTC facility immediately notifies the hospice about the following: <ul style="list-style-type: none"> <li>(1) A significant change in the resident's physical, mental, social, or emotional status.</li> <li>(2) Clinical complications that suggest a need to alter the plan of care.</li> <li>(3) A need to transfer the resident from the facility for any condition.</li> <li>(4) The resident's death.</li> </ul>
<b>§418.112 (c)(3)</b> A provision stating that the hospice assumes responsibility for determining the appropriate course of hospice care, including the determination to change the level of services provided.	<b>§483.75(t)(2)(ii)(F)</b> A provision stating that the hospice assumes responsibility for determining the appropriate course of hospice care, including the determination to change the level of services provided.
<b>§418.112 (c)(4)</b> An agreement that it is the SNF/ NF or ICF/MR responsibility to continue to furnish 24 hour room and board care, meeting the personal care and nursing	<b>§483.75(t)(2)(ii)(G)</b> An agreement that it is the LTC facility's responsibility to furnish 24-hour room and board care, meet the resident's personal care and

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<p>needs that would have been provided by the primary caregiver at home at the same level of care provided before hospice care was elected.</p>	<p>nursing needs in coordination with the hospice representative, and ensure that the level of care provided is appropriately based on the individual resident's needs.</p>
<p><b>§418.112 (c)(5)</b> An agreement that it is the hospice's responsibility to provide services at the same level and to the same extent as those services would be provided if the SNF/NF or ICF/MR resident were in his or her own home.</p>	
<p><b>§418.112(c)(6)</b> A delineation of the hospice's responsibilities, which include, but are not limited to the following: Providing medical direction and management of the patient; nursing; counseling (including spiritual, dietary and bereavement); social work; provision of medical supplies, durable medical equipment and drugs necessary for the palliation of pain and symptoms associated with the terminal illness and related conditions; and all other hospice services that are necessary for the care of the resident's terminal illness and related conditions.</p>	<p><b>§483.75(t)(2)(ii)(H)</b> A delineation of the hospice's responsibilities, including but not limited to, providing medical direction and management of the patient; nursing; counseling (including spiritual, dietary, and bereavement); social work; providing medical supplies, durable medical equipment, and drugs necessary for the palliation of pain and symptoms associated with the terminal illness and related conditions; and all other hospice services that are necessary for the care of the resident's terminal illness and related conditions.</p>
<p><b>§418.112(c)(7)</b> A provision that the hospice may use the SNF/NF or ICF/MR nursing personnel where permitted by State law and as specified by the SNF/NF or ICF/ MR to assist in the administration of prescribed therapies included in the plan of care only to the extent that the hospice would routinely use the services of a hospice patient's family in implementing the plan of care.</p>	<p><b>§483.75(t)(2)(ii)(I)</b> A provision that when the LTC facility personnel are responsible for the administration of prescribed therapies, including those therapies determined appropriate by the hospice and delineated in the hospice plan of care, the LTC facility personnel may administer the therapies where permitted by State law and as specified by the LTC facility.</p>

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<p><b>§418.112(c)(8)</b> A provision stating that the hospice must report all alleged violations involving mistreatment, neglect, or verbal, mental, sexual, and physical abuse, including injuries of unknown source, and misappropriation of patient property by anyone unrelated to the hospice to the SNF/NF or ICF/MR administrator within 24 hours of the hospice becoming aware of the alleged violation.</p>	<p><b>§483.75(t)(2)(ii)(J)</b> A provision stating that the LTC facility must report all alleged violations involving mistreatment, neglect, or verbal, mental, sexual, and physical abuse, including injuries of unknown source, and misappropriation of patient property by hospice personnel, to the hospice administrator immediately when the LTC facility becomes aware of the alleged violation.</p>
<p><b>§418.112(c)(9)</b> A delineation of the responsibilities of the hospice and the SNF/NF or ICF/MR to provide bereavement services to SNF/NF or ICF/ MR staff.</p>	<p><b>§483.75(t)(2)(ii)(K)</b> A delineation of the responsibilities of the hospice and the LTC facility to provide bereavement services to LTC facility staff.</p>
<p><b>§418.112(d) Standard: Hospice plan of care.</b> In accordance with § 418.56, a written hospice plan of care must be established and maintained in consultation with SNF/NF or ICF/MR representatives. All hospice care provided must be in accordance with this hospice plan of care.</p>	<p><b>§483.75(t)(4)</b> Each LTC facility providing hospice care under a written agreement must ensure that each resident's written plan of care includes both the most recent hospice plan of care and a description of the services furnished by the LTC facility to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being, as required at § 483.25.</p>
<p><b>§418.112(d)(1)</b> The hospice plan of care must identify the care and services that are needed and specifically identify which provider is responsible for performing the respective functions that have been agreed upon and included in the hospice plan of care.</p>	<p><b>§483.75(t)(2)(ii)</b> Have a written agreement with the hospice that is signed by an authorized representative of the hospice and an authorized representative of the LTC facility before hospice care is furnished to any resident. The written agreement must set out at least the following:</p> <ul style="list-style-type: none"> <li>(A) The services the hospice will provide.</li> <li>(B) The hospice's responsibilities for determining the appropriate hospice plan of care as specified in § 418.112 (d) of this chapter.</li> </ul>

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	<p>(C) The services the LTC facility will continue to provide, based on each resident's plan of care.</p>
<p><b>§418.112(d)(2)</b> The hospice plan of care reflects the participation of the hospice, the SNF/NF or ICF/MR, and the patient and family to the extent possible.</p>	<p><b>§483.75(t)(3)(i)</b> Collaborating with hospice representatives and coordinating LTC facility staff participation in the hospice care planning process for those residents receiving these services.</p>
<p><b>§418.112(d)(3)</b> Any changes in the hospice plan of care must be discussed with the patient or representative, and SNF/NF or ICF/MR representatives, and must be approved by the hospice before implementation.</p>	
<p><b>§418.112(e) Standard: Coordination of services.</b> The hospice must:</p>	
<p><b>§418.112(e)(1)</b> Designate a member of each interdisciplinary group that is responsible for a patient who is a resident of a SNF/NF or ICF/MR. The designated interdisciplinary group member is responsible for:</p>	<p><b>§483.75(t)(3)</b> Each LTC facility arranging for the provision of hospice care under a written agreement must designate a member of the facility's interdisciplinary team who is responsible for working with hospice representatives to coordinate care to the resident provided by the LTC facility staff and hospice staff. The interdisciplinary team member must have a clinical background, function within their State scope of practice act, and have the ability to assess the resident or have access to someone that has the skills and capabilities to assess the resident. The designated interdisciplinary team member is responsible for the following:</p>
<p>(i) Providing overall coordination of the hospice care</p>	<p>(i) Collaborating with hospice representatives</p>

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of the SNF/NF or ICF/ MR resident with SNF/NF or ICF/MR representatives; and	and coordinating LTC facility staff participation in the hospice care planning process for those residents receiving these services.
(ii) Communicating with SNF/NF or ICF/MR representatives and other health care providers participating in the provision of care for the terminal illness and related conditions and other conditions to ensure quality of care for the patient and family.	(ii) Communicating with hospice representatives and other healthcare providers participating in the provision of care for the terminal illness, related conditions, and other conditions, to ensure quality of care for the patient and family.
<b>§418.112(e)(2)</b> Ensure that the hospice IDG communicates with the SNF/NF or ICF/ MR medical director, the patient’s attending physician, and other physicians participating in the provision of care to the patient as needed to coordinate the hospice care of the hospice patient with the medical care provided by other physicians.	(iii) Ensuring that the LTC facility communicates with the hospice medical director, the patient’s attending physician, and other practitioners participating in the provision of care to the patient as needed to coordinate the hospice care with the medical care provided by other physicians.
<b>§418.112(e)(3)</b> Provide the SNF/NF or ICF/MR with the following information:	(iv) Obtaining the following information from the hospice:
(i) The most recent hospice plan of care specific to each patient;	(A) The most recent hospice plan of care specific to each patient.
(ii) Hospice election form and any advance directives specific to each patient;	(B) Hospice election form.
(iii) Physician certification and recertification of the terminal illness specific to each patient;	(C) Physician certification and recertification of the terminal illness specific to each

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	patient.
(iv) Names and contact information for hospice personnel involved in hospice care of each patient;	(D) Names and contact information for hospice personnel involved in hospice care of each patient.
(v) Instructions on how to access the hospice's 24-hour on-call system;	(E) Instructions on how to access the hospice's 24-hour on-call system.
(vi) Hospice medication information specific to each patient; and	(F) Hospice medication information specific to each patient.
(vii) Hospice physician and attending physician (if any) orders specific to each patient.	(G) Hospice physician and attending physician (if any) orders specific to each patient.
<b>§418.112(f) Standard: Orientation and training of staff.</b> Hospice staff must assure orientation of SNF/NF or ICF/MR staff furnishing care to hospice patients in the hospice philosophy, including hospice policies and procedures regarding methods of comfort, pain control, symptom management, as well as principles about death and dying, individual responses to death, patient rights, appropriate forms, and record keeping requirements.	<b>§483.75(t)(3)(v)</b> Ensuring that the LTC facility staff provides orientation in the policies and procedures of the facility, including patient rights, appropriate forms, and record keeping requirements, to hospice staff furnishing care to LTC residents.

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