

	Department: Corporate Compliance	Policy No.: 509
	<b>TITLE: PROVIDING HOSPICE SERVICES TO PATIENTS IN ACUTE AND SUB-ACUTE SETTINGS</b>	
Effective Date: 1/1/15	Revised: 1/1/15	

## **PROVIDING HOSPICE SERVICES TO PATIENTS IN ACUTE AND SUB-ACUTE SETTINGS**

### **SCOPE:**

All Ascension At Home, LLC colleagues. For purposes of this policy, all references to “colleague” or “colleagues” include temporary, part-time and full-time employees, independent contractors, clinicians, officers and directors.

### **PURPOSE:**

The purpose of this Policy is to set forth the general guidelines established by Ascension At Home, LLC and its subsidiaries (the “Company”) to ensure the appropriate provision of hospice services to patients residing in acute and sub-acute settings.

### **POLICY:**

It is the policy of the Company that hospice services shall be provided to Medicare patients residing in acute and sub-acute settings in accordance with applicable law and this Policy.

### **PROCEDURE:**

#### *General Principles*

- The Company may provide hospice care to residents of a skilled nursing facility (“SNF”), nursing facility (“NF”), and intermediate care facility for individuals with mental retardation (“ICF/MR”) (collectively, “a facility”).
- Where the Company provides hospice care to a resident of a facility, the Company will assume responsibility for the professional management of the hospice services provided to the patient.
- The Company will assure orientation of SNF, NF, or ICF/MR staff furnishing care to Company patients, including orientation to the Company’s policies and procedures regarding patient care.
- A written plan of care will be established and maintained in consultation with the facility representatives. All care will be provided in accordance with this plan of care and the hospice conditions of participation.

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- The Company will make any arrangements necessary for hospice-related inpatient care in a participating Medicare/Medicaid facility.

***Written Agreement***

- The Company will provide services to residents of a facility pursuant to a written agreement with the facility. The agreement must be signed by an authorized representative of both the Company and the facility.
- The written agreement must include at least the following:
  1. The manner in which the Company and the other facility are to communicate.
  2. A requirement that the facility will immediately notify the Company if:
    - A significant change in a patient’s physical, mental, social, or emotional status occurs;
    - Clinical complications appear that suggest a need to alter the plan of care;
    - A need to transfer a patient from the facility develops, and the Company will make arrangements and remain responsible for any necessary continuous care or inpatient care related to the terminal illness and related conditions; or
    - A patient dies.
  3. A provision stating that the Company assumes responsibility for determining the appropriate course of hospice care, including the determination to change the level of services provided.
  4. An agreement that it is the facility’s responsibility to continue to furnish 24-hour room and board care that meets the personal care and nursing needs which would have been provided by the primary caregiver at home at the same level of care provided before hospice care was elected.
  5. An agreement that it is the Company’s responsibility to provide hospice services at the same level and to the same extent as those services would be provided if the facility resident were in his or her own home.
  6. A delineation of the Company’s responsibilities.

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7. A provision that the Company may use the facility nursing personnel where permitted by state law and as specified by the facility to assist in the administration of prescribed therapies included in the plan of care only to the extent that the Company would routinely use the services of a patient’s family in implementing the plan of care.
8. A provision stating that the Company must report all alleged violations involving mistreatment, neglect, or verbal, mental, sexual, and physical abuse, and misappropriation of patient property within 24 hours of the Company becoming aware of the alleged violation.
9. A delineation of the responsibilities of the Company and the facility to provide bereavement services to facility staff.

***Coordination of Services***

The Company will designate a member of each interdisciplinary group (“IDG”) that is responsible for a patient who is a resident of a SNF, NF, or ICF/MR.

- The Company will ensure that the 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.
- The Company will provide the facility with:
  1. The most recent hospice plan of care;
  2. The hospice election form and any advance directives specific to the patient;
  3. Physician certification and recertification of terminal illness;
  4. Names and contact information for Company personnel involved in hospice care of each patient;
  5. Instructions on how to access the hospice’s 24-hour on-call system;
  6. Hospice medication information specific to the patient;
  7. Hospice physician and attending physician orders specific to the patient.