

Hospice Services Service Standard

Health Resources & Services Administration (HRSA) Description: Hospice Services are end-of-life care services provided to clients in the terminal stage of an HIV-related illness. Allowable services are:

- Mental health counseling;
- Nursing care;
- Palliative therapeutics;
- Physician services; and
- Room and board.

Program Guidance: Services may be provided in a home or other residential setting, including a non-acute care section of a hospital that has been designated and staffed to provide hospice services. This service category does not extend to skilled nursing facilities or nursing homes.

To meet the need for hospice services, a physician must certify that a client is terminally ill and has a defined life expectancy as established by the state of Texas. Services must be provided with appropriate and valid licensure of provider as required by the State of Texas, as applicable. Counseling services provided in the context of hospice care must be consistent with the definition of mental health counseling. Palliative therapies must be consistent with those covered under Texas Medicaid.

Language assistance must be provided to individuals who have limited English proficiency and/or other communication needs at no cost to them in order to facilitate timely access to all health care and services.

Subrecipients must provide easy-to-understand print and multimedia materials and signage in the languages commonly used by the populations in the service area to inform all individuals of the availability of language assistance services.

All AAs and subrecipients must establish culturally and linguistically appropriate goals, policies, and management accountability, and infuse them throughout the organizations' planning and operations.

Limitations: Ryan White Part B/State Service funds may not be used for funeral, burial, cremation, or related expenses. Funds may not be used for nutritional services, durable medical equipment and medical supplies or case management services. Services cannot be provided in skilled nursing facilities or nursing homes.

Services: Hospice services must have physician certification of the client's terminally ill status as defined by Texas Medicaid documented in the primary client record.

[Telehealth and Telemedicine](#) is an alternative modality to provide most Ryan White Part B and State Services funded services. For the Ryan White Part B/SS funded providers and Administrative Agencies, telehealth & telemedicine services are to be provided in real-time via audio and video communication technology which can include videoconferencing software.

DSHS HIV Care Services requires that for Ryan White Part B or SS funded services providers must use features to protect ePHI transmission between client and providers. RW Providers must use a telehealth vendor that provides assurances to protect ePHI that includes the vendor signing a business associate agreement (BAA). Ryan White Providers using telehealth must also follow DSHS HIV Care Services guidelines for telehealth and telemedicine outlined in [DSHS Telemedicine Guidance](#).

Service Standard and Measure

The following Standards and Measures are guides to improving healthcare outcomes for people living with HIV throughout the State of Texas within the Ryan White Part B and State Services Program.

Standard	Measure
<p>Physician Certification for Hospice Services: The attending physician must certify that a client is terminal, defined under Texas Medicaid hospice regulations as having a life expectancy of six (6) months or less.</p> <p>The certification must specify that the individual's prognosis is for a life expectancy of six (6) months or less if the terminal illness runs its normal course.</p> <p>The certification statement must be based on record review or consultation with the referring physician.</p> <p>The referring physician must provide orders verbally and in writing to the Hospice provider prior to the initiation of care and act as that client's primary care physician. Physician orders are transcribed and noted by the attending nurse.</p>	<p>Percentage of clients receiving Hospice services with attending physician certification of client's terminal illness documented in the client's primary record.</p> <p>Percentage of clients receiving Hospice care with documentation in the primary record of all physician orders for initiation of care.</p>
<p>Health Assessment: A comprehensive health assessment is completed for each client within 48 hours of admission.</p> <ul style="list-style-type: none"> • Identifies the client's need for hospice services in the areas of medical, nursing, social, emotional, and spiritual care. <p>Hospice provider documents each client's scheduled medications, including dosage and frequency.</p> <ul style="list-style-type: none"> • HIV medications may be prescribed if discontinuance would result in adverse physical or psychological effects. • Hospice provider documents as needed medications for clients and includes client's name, dose, route, reason, and outcome. 	<p>Percentage of clients in Hospice care with a documented comprehensive health assessment completed within 48 hours of admission in the client's primary record.</p> <p>Percentage of clients in Hospice care with documentation of all scheduled and as needed medications, including dosage and frequency, noted in the client's primary record.</p>
<p>Implementation of Care Plan: A written care plan based on the provider's orders is completed for each client within seven (7) calendar days of admission and reviewed monthly.</p>	<p>Percentage of clients in Hospice care with a written care plan based on physician's orders completed within seven calendar days of admission documented in the client's primary record.</p> <p>Percentage of clients in Hospice care with documented evidence of monthly care plan reviews completed in the client's primary record.</p>

<p>Palliative Therapy: Palliative therapy must be documented in the written plan of care with changes communicated to the referring provider. Palliative therapy is care designed to relieve or reduce intensity of uncomfortable symptoms but not to produce a cure.</p>	<p>Percentage of clients in Hospice care with a written care plan that documents palliative therapy as ordered by the referring provider documented in the client's primary record.</p>
<p>Provision of Bereavement Counseling Services for Hospice: The need for bereavement counseling services for family members must be consistent with the definition of mental health counseling.</p> <p>Bereavement counseling means emotional, psychosocial, and spiritual support and services provided before and after the death of the client to assist with issues related to grief, loss, and adjustment.</p> <p>A hospice must have an organized program for the provision of bereavement services furnished under the supervision of a qualified professional with experience or education in grief or loss counseling. A hospice must:</p> <ul style="list-style-type: none"> • Develop a bereavement plan of care that notes the kind of bereavement services to be offered to the client's family and other persons and the frequency of service delivery; • Hospice providers must make bereavement services available to a client's family and other persons in the bereavement plan of care; • Ensure that bereavement services reflect the needs of the bereaved. <p>**Although Texas Medicaid can pay for bereavement counseling for family members for up to a year after the client's death and can be offered in a skilled nursing facility or nursing home, Ryan White funding CANNOT pay for these services in a skilled nursing facility or nursing home per legislation.</p>	<p>Percentage of clients accessing Hospice care with documented evidence of bereavement counseling offered to family members upon admission to Hospice services in the client's primary record.</p>
<p>Provision of Dietary Counseling for Hospice: Dietary counseling means education and interventions provided to a client and family regarding appropriate nutritional intake as a hospice client's condition progresses.</p> <p>Dietary counseling, when identified in the plan of care, must be performed by a qualified person.</p> <ul style="list-style-type: none"> • A qualified person includes a dietitian, nutritionist, or registered nurse. 	<p>Percentage of clients in Hospice care with documented evidence of dietary counseling provided, when identified in the written care plan, in the client's primary record.</p>

<p>Provision of Spiritual Counseling for Hospice: A hospice must provide spiritual counseling that meets the client’s spiritual needs in accordance with their acceptance of this service and in a manner consistent with their beliefs and desires. A hospice must:</p> <ul style="list-style-type: none"> • Provide an assessment of the client's spiritual needs; • Make all reasonable efforts to the best of the hospice's ability to facilitate visits by local clergy, a pastoral counselor, or other persons who can support a client's spiritual needs; and advise the client of the availability of spiritual counseling services. 	<p>Percentage of clients in Hospice care that are offered spiritual counseling, as appropriate, documented in the written care plan in the client’s primary record.</p>
<p>Provision of Mental Health Counseling for Hospice: Mental health counseling should be solution focused; outcomes oriented and have a time limited set of activities for the purpose of achieving goals identified in the client’s individual treatment plan.</p> <p>Mental Health Counseling is to be provided by a licensed Mental Health professional (see Mental Health Service Standard and Universal Standards for qualifications):</p> <ul style="list-style-type: none"> • The client’s needs as identified in the client’s psychosocial assessment • The client’s acceptance of these services 	<p>Percentage of clients in Hospice care with documented evidence of mental health counseling offered, as medically indicated, in the client’s primary record.</p>
<p>Allowable Reasons for Refusal of Hospice Referral: The hospice provider may elect to refuse a referral for reasons which include, but are not limited to, the following:</p> <ul style="list-style-type: none"> • There are no beds available • Level of client’s acuity and staffing limitations • Client is aggressive and a danger to the staff • Client is a ‘no show’ 	<p>Percentage of clients with documented evidence in the primary record of all refusals of attending physician referrals by hospice providers with evidence indicating an allowable reason for the refusal.</p>
<p>Discharge: An individual is deemed no longer to be in need of hospice services if one or more of these criteria is met:</p> <ul style="list-style-type: none"> • Client expires • Client’s medical condition improves, and hospice care is no longer necessary based on attending physician’s plan of care and a referral to Medical Case Management or OAHS must be documented • Client elects to be discharged • Client is discharged for cause • Client is transferred out of provider’s facility 	<p>Percentage of clients in Hospice care with documented evidence of discharge status in the client’s primary record.</p>

References

HRSA/HAB Division of Metropolitan HIV/AIDS Programs Program Monitoring Standards – Part A April 2013, p. 16-18. Accessed on October 12, 2020 at: <https://hab.hrsa.gov/sites/default/files/hab/Global/programmonitoringparta.pdf>

HRSA/HAB Division of State HIV/AIDS Programs National Monitoring Standards – Program Part B April 2013, p. 15-17. Accessed October 12, 2020 at: <https://hab.hrsa.gov/sites/default/files/hab/Global/programmonitoringpartb.pdf>

Texas Administrative code Title 40; Part 1; Chapter 97, Subchapter H Standards Specific to Agencies Licensed to Provide Hospice Services located at: <https://hhs.texas.gov/laws-regulations/handbooks/texas-medicaid-hospice-program-standards-handbook/mhps-title-40-texas-administrative-code-chapter-30>

Texas Department of Aging and Disability Services Texas Medicaid Hospice Program Standards Handbook. Located at <http://hhs.texas.gov/laws-regulations/handbooks/texas-medicaid-hospice-program-standards-handbook>

HRSA/HAB Ryan White Program & Grants Management, Recipient Resources. Policy Notices and Program Letters, Ryan White HIV/AIDS Program Services: Eligible Individuals & Allowable Uses of Funds Policy Clarification Notice (PCN) #16-02 (Revised 10/22/18), https://hab.hrsa.gov/sites/default/files/hab/program-grants-management/ServiceCategoryPCN_16-02Final.pdf