



Hospice Services in ICFs/IID



An Aging America

The U.S. Census Bureau (2018) calculated the population at 327,167,434. Of that, people age 65 and over comprise 15.6 percent and by 2050, 22.1 percent of the U.S. population will be 65 or older.

Aging of the American population also includes people with developmental disabilities.



An Aging America

Scalaro and Fitch (2014) reported that a 2010 study at the University of Illinois found the mean age at death for individuals with disabilities can range from the late 50s (for those with more severe disabilities or Down syndrome) to the early 70s for adults with mild/moderate disabilities. The 2010 study showed the number of adults in the U.S. with disabilities age 60 years and older may nearly double to 1.2 million by 2030.



An Aging America

The need for hospice care and services in an ICF/IID is occurring more frequently than it has in the past.

The goal of hospice is to promote comfort to individuals who are approaching the end of their lives.



What is Hospice?

Hospice services treats pain and disease symptoms so the individual can focus on what is important to them during their remaining time.

Hospice services also includes grief counseling to individuals, caregivers, and family members during, as well as after, the dying process.



Qualifications for Hospice Services

Individuals may qualify for hospice services if their physician determines they have a condition that, with normal progression, will lead to death within 6 months.

Hospice care may continue for an indefinite length of time.



Hospice Services in ICFs/IID

There is no requirement to discharge an individual to another health facility with a higher level of nursing care.

Individuals who live in an ICF/IID have the option to continue to reside in the facility and receive hospice services as long as their needs are met and are consistent with their wishes or best interest.



Hospice Services in ICFs/IID

You may be asking yourself:

“What are the responsibilities of the hospice provider?”

“What regulations do I have to follow?”

Hospice Services in ICFs/IID

There are two sets of federal regulations that both the hospice provider and the ICF/IID provider must comply with:

For Hospice providers: *State Operations Manual, Appendix M - Guidance to Surveyors: Hospice (Rev. 149, 10-09-15)*. Retrieved from https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/som107ap_m_hospice.pdf

For ICF/IID providers: *State Operations Manual, Part II, Appendix J - Interpretive Guidelines – Responsibilities of Intermediate Care Facilities for Individuals with Intellectual Disabilities*. Retrieved from https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/som107ap_j_intermcare.pdf



Hospice Regulations

The National Hospice and Palliative Care Organization (2013) identified specific hospice regulations for ICFs/IID.

The specific hospice regulations for ICFs/IID can be found in Appendix 1 at the end of this presentation.



ICF/IID Regulations

W192: For employees who work with clients, training must focus on skills and competencies directed towards clients' health needs.



What does this mean to me?

The hospice provider and the ICF/IID must provide ongoing training to staff about the philosophy of hospice and the individual's health needs as identified in the person's Plan of Care.



ICF/IID Regulations

W194: Staff must be able to demonstrate the skills and techniques necessary to implement the individual program plans for each client for whom they are responsible.



ICF/IID Regulations

W196: Each client must receive a continuous active treatment program which includes...the prevention or deceleration of regression or loss of current optimal functional skills.



What does this mean to me?

Active treatment will change based on the individual's identified needs and health status.

If maladaptive behavior is present, it may continue but the interventions will change based on the individual's identified needs and health status.



ICF/IID Regulations

W253 & W254: The facility must document significant events that are related to the client's individual program plan and assessments and that contribute to an overall understanding of the client's ongoing level and quality of functioning.



What does this mean to me?

The Comprehensive Functional Assessment (CFA) and the Individual Program Plan (IPP) must be revised and updated when an individual starts hospice and as their needs change.



ICF/IID Regulations

W332: Nursing services must include participation as appropriate in the development, review, and update of an individual program plan as part of the interdisciplinary team process.



What does this mean to me?

Nursing staff from both the hospice agency and the ICF/IID should participate in the IPP process and the development of a medical care plan.



ICF/IID Regulations

W340: Nursing responsibilities include ongoing training of ICF/IID staff regarding individual's health care needs.



What does this mean to me?

Both the hospice and ICF/IID nursing staff must provide education and training to employees related to the individual's physical care.



ICF/IID Regulations

Drug administration and drug storage and recordkeeping (W367 – W386) may be affected by the presence of controlled medications that are not usually found in the facility such as morphine.



What does this mean to me?

The presence of controlled substances increases with hospice care. The ICF/IID procedures related to medication storage, inventory, handling, and persons qualified to access and administer such medications should be closely monitored.



ICF/IID Regulations

W422: The facility must provide bedroom space for equipment for daily out-of-bed activity for all clients or those clients for whom out-of-bed activity is a threat to health and safety.



What does this mean to me?

Hospice services will likely include the placement of a hospital bed, wheelchair, commode, and other medical equipment. Living and sleeping areas may need to be altered to accommodate for this equipment.



SUMMARY

The ICF/IID is home, both emotionally and physically, to many individuals.

With understanding and coordination, it is possible to successfully provide individuals with the right to complete their life at home.



References

National Hospice and Palliative Care Organization. (2013). *Hospice Services Provided in a Long Term Care Facility Companion Regulations for Hospices and Long Term Care Facilities*. Retrieved from https://www.nhpco.org/sites/default/files/public/regulatory/Hospice_Nursing_Facility.pdf

Scalero, D.M. & Fitch, M. (2014). *The Impact of Longevity on the Special Needs Client*. Advisor. Retrieved from <https://www.lifehealth.com/impact-longevity-special-needs-client/>

State Operations Manual, Part II, Appendix J - Interpretive Guidelines – Responsibilities of Intermediate Care Facilities for Individuals with Intellectual Disabilities. Retrieved from https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/som107ap_j_intermcare.pdf



References

State Operations Manual (SOM) Exhibit 355 containing surveyor probes and procedures previously in Appendix J, Part II – Interpretive Guidelines for ICF/IID. Retrieved from <https://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/Downloads/R135SOMA.pdf>

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Appendix 1: Hospice Regulations

Hospice Conditions of Participation §418.112: Hospices that provide hospice care to residents of an ICF/ID.

§418.112(a) Standard: Resident eligibility, election, and duration of benefits. Medicare patients receiving hospice services and residing in an ICF/ID are subject to the Medicare hospice eligibility criteria set out at §418.20 through §418.30.

§418.112(b) Standard: Professional management. 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.

§418.112(c) Standard: Written agreement. The hospice and ICF/ID must have a written agreement that specifies the provision of hospice services in the facility. The agreement must be signed by authorized representatives of the hospice and the ICF/ID before the provision of hospice services.

§418.112(c)(1) The manner in which the ICF/ID 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.

§418.112(c)(2) A provision that the ICF/ID immediately notifies the hospice if—

- (i) A significant change in a patient's physical, mental, social, or emotional status occurs;
- (ii) Clinical complications appear that suggest a need to alter the plan of care;
- (iii) A need to transfer a patient from the ICF/ID, 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
- (iv) A patient dies.

§418.112(c)(3) 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.

§418.112(c)(4) An agreement that it is the ICF/ID responsibility to continue to furnish 24-hour room and board care, meeting the personal care and nursing needs that would have been provided by the primary caregiver at home at the same level of care provided before hospice care was elected.

§418.112(c)(5) 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 ICF/ID resident were in his or her own home.

§418.112(c)(6) 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.

§418.112(c)(7) A provision that the hospice may use the ICF/ID nursing personnel where permitted by State law and as specified by the ICF/ID 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.

§418.112(c)(8) 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 ICF/ID administrator within 24 hours of the hospice becoming aware of the alleged violation.

§418.112(c)(9) A delineation of the responsibilities of the hospice and the ICF/ID to provide bereavement services to ICF/ID staff.

§418.112(d) Standard: Hospice plan of care. In accordance with §418.36, a written hospice plan of care must be established and maintained in consultation with ICF/ID representatives. All hospice care provided must be in accordance with this hospice plan of care.

§418.112(d)(1) 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.

§418.112(d)(2) The hospice plan of care reflects the participation of the hospice, the ICF/ID, and the patient and family to the extent possible.

Hospice Conditions of Participation §418.112: Hospices that provide hospice care to residents of an ICF/ID.

§418.112(d)(3) Any changes in the hospice plan of care must be discussed with the patient or representative, and ICF/ID representatives, and must be approved by the hospice before implementation.

§418.112(e) *Standard: Coordination of services.* The hospice must:

§418.112(e)(1) Designate a member of each interdisciplinary group that is responsible for a patient who is a resident of a ICF/ID. The designated interdisciplinary group member is responsible for:

- (i) Providing overall coordination of the hospice care of the ICF/ID resident with ICF/ID representatives; and
- (ii) Communicating with ICF/ID 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.

§418.112(e)(2) Ensure that the hospice IDG communicates with the ICF/ID 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.

§418.112(e)(3) Provide the ICF/ID with the following information:

- (i) The most recent hospice plan of care specific to each patient;
- (ii) Hospice election form and any advance directives specific to each patient;
- (iii) Physician certification and recertification of the terminal illness specific to each patient;
- (iv) 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;
- (vi) Hospice medication information specific to each patient; and
- (vii) Hospice physician and attending physician (if any) orders specific to each patient.

§418.112(f) *Standard: Orientation and training of staff.* Hospice staff must assure orientation of ICF/ID 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.