Hospice and Nursing Facility Regulation/Interpretive Guidline Comparison
CMS published the surveyor interpretative guidelines for Nursing Facility Requirements for Participation in July 2017, including interpretive guidelines for the hospice/nursing home relationship . The original NH Requirements were published in August 2013 and surveyor oversight has been limited. With this, it is expected that there will be more scrutiny of the hospice/nursing home relationship. The most difficult compliance issues concern coordination of services through the care plan.
The **compliance date** for the nursing facility interpretive guidelines was **November 28, 2017**.
This resources is a side by side comparison of the hospice Condition of Participation at §418.112 - Hospices that Provide Hospice Care to Residents of a SNF/NF or ICF/IID and the nursing facility Condition of Participation at § 483.70(O) Hospice Services.
Link to hospice Interpretive Guidelines - https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107ap_m_hospice.pdf
Link to nursing facility Interpretive Guidelines - https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/GuidanceforLawsAndRegulations/Downloads/Appendix-PP-State-Operations-Manual.pdf

Hospice and Nursing Facility Regulation/Interpretive Guidline Comparison

Hospice		
	Rule	**Interpretive Guideline**
Definitions	§418.112 Condition of participation: Hospices that provide hospice care to residents of a SNF/NF or ICF/IID.	§418.112 For the purposes of this guidance under this condition, "facility" will be used in place of SNF/NF or ICF/IID. All references to a "patient" in the guidance under this condition mean a person who is a resident of a facility and is receiving hospice services from the Medicare certified hospice.
	§418.112 - In addition to meeting the conditions of participation at §418.10 through §418.116, a hospice that provides hospice care to residents of a SNF/NF or ICF/IID must abide by the following additional standards.	
	§418.112(a) Standard: Resident eligibility, election, and duration of benefits. Medicare patients receiving hospice services and residing in a SNF, NF, or ICF/IID are subject to the Medicare hospice eligibility criteria set out at §418.20 through §418.30.	

Hospice and Nursing Facility Regulation/Interpretive Guidline Comparison

Nursing Facility		
	Rule	**Interpretive Guideline**
Definitions	§483.70(o)(1) 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 or more Medicare-certified hospices. (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.	As described in §§483.70(o)(1)(i),(ii),there is no requirement that a nursing home allow a hospice to provide hospice care and services in the facility. If a nursing home has made arrangements with one or more hospices to provide services in the nursing home, there must be a written agreement describing the responsibilities between each hospice and the nursing home prior to the hospice initiating care for a resident who has elected the hospice benefit. The written agreement applies to the provision of all hospice services for any nursing home resident receiving services from the specific hospice and does not need to be rewritten for each resident.

Hospice and Nursing Facility Regulation/Interpretive Guidline Comparison

Hospice		
	Rule	**Interpretive Guideline**
Written agreement	§418.112(c) Standard: Written agreement. The hospice and SNF/NF or ICF/IID 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 SNF/NF or ICF/IID before the provision of hospice services.	§418.112(c) The written agreement is for the provision of hospice services between the two entities. As the written agreement is not patient specific, it does not need to be rewritten for each patient. If there are concerns regarding the provision of services, the hospice and the facility may review and revise this agreement as appropriate for needed changes and/or improvement in the working relationship between the two entities.

Hospice and Nursing Facility Regulation/Interpretive Guidline Comparison

Hospice		
	Rule	**Interpretive Guideline**
Contents of Written Agreement	§418.112(c) - The written agreement must include at least the following: (1) The manner in which the SNF/NF or ICF/IID 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)(1) There should be evidence that the hospice and the facility have reached an agreement on how to communicate concerns and responses 24 hours a day in order to work together to meet the needs of the patient identified in the patient's plan of care. The hospice must document that this communication has occurred. Procedures and Probes §418.112(c)(1) • What system is in place to assure that the facility knows how to notify the hospice when necessary on a 24/7 basis? • Is there any evidence that the communication is not occurring as needed during various times of the day or week or specific shifts? • How does the hospice ensure that facility staff are able to recognize the individuals who are receiving hospice services and know that the services provided to this patient should be in accordance with the coordinated plan of care? • What evidence is there that the hospice and the facility communicate with each other during and between patient visits, as appropriate, to share information about the patient's needs and response to the plan of care? • Does the hospice staff have access to and the ability to communicate with facility staff about the patient's care as often as needed?

Nursing Facility		
	Rule	**Interpretive Guideline**
Written agreement	§483.70(o)(2) If hospice care is furnished in an LTC facility through an agreement as specified in paragraph (o)(1)(i) of this section with a hospice, the LTC facility must meet the following requirements: (ii) 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.	As described in §483.70(o)(2)(ii)(A), the written agreement must be signed by authorized representatives of the hospice and the nursing home prior to the provision of hospice services. The hospice retains primary responsibility for the provision of hospice care and services, based upon the resident's assessments and choices.

Nursing Facility		
	Rule	**Interpretive Guideline**
Contents of Written Agreement	§483.70(o)(2) If hospice care is furnished in an LTC facility through an agreement as specified in paragraph (o)(1)(i) of this section with a hospice, the LTC facility must meet the following requirements: (ii) 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: (D) 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.	As described in §483.70(o)(2)(ii)(D), the written agreement must specify a process for communicating necessary information regarding the resident's care between the nursing home and the hospice 24-hours a day, 7-days a week including how these communications will be documented. Both the hospice and the nursing home may document physician orders in the resident's nursing home record. Orders are to be dated and signed in accordance with Federal requirements (Refer to F711 – physician orders) and any applicable State laws. There is no Federal regulation that prohibits nursing home staff from taking orders for care from the hospice physician. Any changes to orders initiated by the hospice should be communicated to the resident's attending physician/practitioner in a timely manner. The nursing home must communicate with the hospice regarding orders provided by the resident's attending physician/practitioner in the nursing home, if he/she is not the resident's designated physician on the hospice team. Prior to plan of care or order changes the hospice physician and the resident's attending physician/practitioner may need to collaborate to address an emergent change in the resident's condition and to assure the resident's needs are met. If there is a conflict between orders given by hospice and the resident's attending physician/practitioner, there must be communication between the nursing home and the hospice regarding the issue. This communication should include the nursing home medical director and the hospice medical director as well as other pertinent staff as needed.

Hospice and Nursing Facility Regulation/Interpretive Guideline Comparison

Hospice		
	Rule	**Interpretive Guideline**
Professional Management	§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(b) The term "professional management" for a hospice patient who resides in a SNF/NF or ICF/IID has the same meaning that it has if the hospice patient were living in his/her own home. Professional management involves assessing, planning, monitoring, directing and evaluating the patient's/resident's hospice care across all settings. The professional services provided by the hospice to the patient in his/her home should continue to be provided by the hospice to the patient in a facility, or other place of residence. Hospice core services must be routinely provided by the hospice, and cannot be delegated to the facility. Hospices should specify that facility staff should immediately notify the hospice of these unplanned interventions. In the contract between the hospice and the facility, potential crisis situations and temporary emergency measures should be addressed and determined how they will be handled by facility staff. Hospice is responsible for providing all hospice services including: • Ongoing assessment, care planning, monitoring, coordination, and provision of care by the Hospice IDG. • Assessment, coordination, and provision of any needed general inpatient or continuous care. • Consultation about the patient's care with facility staff. • Coordination by the hospice RN for the implementation of the plan of care for the patient. • Provision of hospice aide services, if these services are determined necessary by the IDG to supplement the nurse aide services provided by the facility. • Provision, in a timely manner, of all supplies, medications, and DME needed for the palliation and management of the terminal illness and related conditions. • Financial management responsibility for all medical supplies, appliances, medications and biologicals related to the terminal illness and related conditions. • Determination of the appropriate level of care to be given to the patient (routine homecare, inpatient, or continuous care). • Arranging any necessary transfers from the facility, in consultation with the facility staff

Nursing Facility		
	Rule	**Interpretive Guideline**
Professional Management	§483.70(o)(2) If hospice care is furnished in an LTC facility through an agreement as specified in paragraph (o)(1)(i) of this section with a hospice, the LTC facility must meet the following requirements: (i) 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.	As described in §483.70(o)(2)(i) the nursing home must ensure that services provided by the hospice (including the individuals providing the services) meet professional standards and principles, that the services and care meet the assessed needs of each resident, and that the hospice is certified for participation in the Medicare program. (Refer to F675 and F658.) The nursing home and hospice must assure that all physician/practitioners meet State licensure requirements and are working within their scope of practice and professional State licensure requirements. The nursing home staff must monitor the delivery of care in order to assure that the hospice provides services to the resident in a way that meets his/her needs in a timely manner including: • Observation of interactions and care provided by the hospice staff sufficient to assure that the hospice services meet the professional standards of care; • Interviews with the resident/designated representative regarding hospice care and services; and • Review of the resident's record for pertinent documentation regarding the delivery of hospice care. For example, if a resident has an increase in pain that is not being managed by the current interventions, or if current interventions may be causing adverse consequences that are distressing to the resident, the requirement that the nursing home ensure the provision of timely hospice services would include notifying the hospice of the resident's change in condition so that the hospice, in consultation with the nursing home and the resident's attending physician/practitioner, can reassess the resident and with input from the resident/designated representative, change the plan of care, as indicated, to assure the resident receives the treatment necessary to achieve his/her optimal comfort level.

Hospice and Nursing Facility Regulation/Interpretive Guideline Comparison

Hospice		
	Rule	**Interpretive Guideline**
Notifying the Hospice	§418.112(c)(2) - A provision that the SNF/NF or ICF/IID 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 SNF/NF or ICF/IID arises, 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.	Procedures and Probes §418.112(c)(2) • Have there been instances when the facility transferred a patient to the hospital without notifying the hospice? • Have there been instances when the hospice has been unaware of a significant change in the patient's status or death of a hospice patient? • How does the hospice ensure that facility staff will contact the hospice immediately regarding the required provisions, including but not limited to: – Any changes in condition such as changes in cognition or sudden unexpected decline in condition; – A condition unrelated to the terminal condition or related conditions, such as a fall with a suspected fracture; – Complications, such as adverse consequences to a medication or therapy, requiring a revision to the plan of care; and – A patient's death.

Hospice and Nursing Facility Regulation/Interpretive Guideline Comparison

Nursing Facility		
	Rule	**Interpretive Guideline**
Notifying the Hospice	§483.70(o)(2) If hospice care is furnished in an LTC facility through an agreement as specified in paragraph (o)(1)(i) of this section with a hospice, the LTC facility must meet the following requirements: (ii) 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: (E) A provision that the LTC facility immediately notifies the hospice about the following: (1) A significant change in the resident's physical, mental, social, or emotional status. (2) Clinical complications that suggest a need to alter the plan of care. (3) A need to transfer the resident from the facility for any condition. (4) The resident's death.	As described in §483.70(o)(2)(ii)(E), the written agreement must include a provision that the nursing home will immediately contact and communicate with the hospice staff regarding any significant changes in the resident's status, clinical complications or emergent situations. Situations include, but are not limited to, changes in cognition or sudden unexpected decline in condition, a fall with a suspected fracture or adverse consequences related to a medication or therapy, or other situations requiring a revision to the plan of care. The immediate notification to hospice does not change the requirement that a nursing home must also immediately notify the resident's attending physician/practitioner. Prior to plan of care or order changes, the hospice and the resident's attending physician/practitioner may need to collaborate to address this change and to assure that the resident's immediate and ongoing treatment and care needs are met in accordance with the resident's decisions and advance directives regarding end of life care are met, including situations which could require a potential transfer to an acute care setting. This decision making must be consistent with the resident's wishes and most current version of advance directive, if any. (Refer to F578) If there is a conflict between the nursing home and the hospice regarding the course of hospice care or level of service, there must be communication between the nursing home and the hospice regarding the issue. This communication should include the nursing home medical director and the hospice medical director as well as other pertinent staff, as needed.

Hospice		
	Rule	**Interpretive Guideline**
Hospice Assumes Responsibility for Hospice Care	§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.	Procedures and Probes §418.112(c)(3) • Is there evidence that the patients are receiving the appropriate level of hospice services to meet their needs? • Does each patient receive updates to the comprehensive assessment at the required time points according to §418.54(d) and plan of care reviews according to §418.56(d)?

Hospice and Nursing Facility Regulation/Interpretive Guideline Comparison

Nursing Home		
	Rule	**Interpretive Guideline**
Hospice Assumes Responsibility for Hospice Care	§483.70(o)(2) If hospice care is furnished in an LTC facility through an agreement as specified in paragraph (o)(1)(i) of this section with a hospice, the LTC facility must meet the following requirements: (ii) 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: (F) 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.	As described in §483.70(o)(2)(ii)(F), the written agreement must state that the hospice assumes 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 (§418.112(b)). The agreement must also include language that the hospice assumes the responsibility for determining the level of hospice services. Any substantive changes in the level of hospice services must be developed by the hospice and these changes must be reflected in the coordinated plan of care. These changes should be made in collaboration with the resident/designated representative, the resident's attending physician/practitioner, and nursing home staff.

Hospice and Nursing Facility Regulation/Interpretive Guideline Comparison

	Hospice	
	Rule	**Interpretive Guideline**
Room and board	§418.112(c)(4) - An agreement that it is the SNF/NF or ICF/IID 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)(4) In entering into an agreement with each other, each provider retains responsibility for the quality and appropriateness of the care it provides in accordance with their respective laws and regulations. Both providers must comply with their applicable conditions/requirements for participation in Medicare/Medicaid. The facility's services must be consistent with the plan of care developed in coordination with the hospice, (the hospice patient residing in a facility should not experience any lack of services or personal care because of his/her status as a hospice patient); and the facility must offer the same services to its residents who have elected the hospice benefit as it furnishes to its residents who have not elected the hospice benefit. If a patient is receiving services from a Medicare/Medicaid certified nursing facility or ICF/IID, and the facility was advised of concerns by the hospice and failed to address and/or resolve issues related to coordination of care or implementation of appropriate services, the hospice surveyor will refer the concerns as a complaint to the State Agency responsible for oversight of the facility identifying the specific patient(s) involved and the concerns identified.
Same Level of Services in NH as in Own Home	§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 SNF/NF or ICF/IID resident were in his or her own home.	§418.112(c)(5) Regardless of where a patient resides, a hospice is continually responsible for furnishing core services, and may not delegate these services to the facility staff.

Nursing Facility		
	Rule	**Interpretive Guideline**
Room and board	§483.70(o)(2) If hospice care is furnished in an LTC facility through an agreement as specified in paragraph (o)(1)(i) of this section with a hospice, the LTC facility must meet the following requirements: (ii) 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: (G) 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 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.	As described in §483.70(o)(2)(ii)(G), the provisions of the written agreement must delineate how the care and needs will be provided based upon the resident's identified needs. It is the nursing home's responsibility to continue to furnish 24-hour room and board care, meeting the resident's personal care and nursing needs. Services provided must be consistent with the plan of care developed in coordination with the hospice Interdisciplinary Group (IDG).
Same Level of Services in NH as in Own Home		

Hospice and Nursing Facility Regulation/Interpretive Guideline Comparison

Hospice		
	Rule	**Interpretive Guideline**
Report all Violations	§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 SNF/NF or ICF/IID administrator within 24 hours of the hospice becoming aware of the alleged violation.	None

Nursing Facility		
	Rule	**Interpretive Guideline**
Report all Violations	§483.70(o)(2) If hospice care is furnished in an LTC facility through an agreement as specified in paragraph (o)(1)(i) of this section with a hospice, the LTC facility must meet the following requirements: (ii) 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: (J) 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.	As described in §483.70(o)(2)(ii)(J), the nursing home must follow all of the requirements within §483.12(a)(b) and (c), Free From Abuse…(F600-610) for the prevention, identification, protection, reporting and investigation of allegations of abuse, neglect, verbal, mental, sexual abuse, mistreatment and injuries of unknown source. This also includes prohibiting taking and/or posting photos or recordings that are demeaning and or humiliating to a nursing home resident or the use of an authorized photo or recording in a demeaning/humiliating manner. The privacy and confidentiality of the resident's care and records must be maintained. (Refer to F583 - Privacy and Confidentiality). The nursing home must also notify the hospice administrator of any such allegations involving hospice employees and contractors and anyone else providing services on behalf of the hospice and the outcome of its investigation. NOTE: The hospice must follow the requirements as indicated in the Federal regulations at §418.52(b)(4)(i-iv) for reporting, investigating and taking appropriate corrective actions.

Hospice		
	Rule	**Interpretive Guideline**
Medical Direction of the Patient	§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)(6) The agreement should identify how the facility and the hospice determine how all needed services, professionals, medical supplies, DME and drugs and biologicals necessary for the palliation and management of pain and symptoms associated with the terminal illness and related conditions are available to the patient 24 hours a day, 7 days a week, including who may receive and/or write orders for care, in accordance with State/Federal requirements. Probe §418.112(c)(6) Is there evidence that the hospice provides the services as needed, as well as medications, equipment and supplies necessary for pain control and symptom management on a 24 hour basis?

Hospice		
	Rule	**Interpretive Guideline**
Physician Communication	§418.112(e)(2) Ensure that the hospice IDG communicates with the SNF/NF or ICF/IID 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)(2) Both providers may document physician orders. Orders are to be dated and signed in accordance with State laws. Implementation of the plan of care changes resulting from physician orders received by the facility must have prior hospice approval. Procedures and Probes §418.112(e)(2) If concerns were identified that changes to the plan of care, without prior hospice approval, occurred as a result of physician orders received by the facility, determine: • How the IDG communicates with physicians involved with the patient; and • If there is evidence that the IDG communicates effectively with all physicians involved in the patient's care to ensure that duplicative and/or conflicting physician orders related to the terminal illness and related conditions are not issued.

Nursing Facility		
	Rule	**Interpretive Guideline**
Medical Direction of the Patient	§483.70(o)(2) If hospice care is furnished in an LTC facility through an agreement as specified in paragraph (o)(1)(i) of this section with a hospice, the LTC facility must meet the following requirements: (ii) 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: (H) 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.	As described in §483.70(o)(2)(ii)(H), to comply with this requirement, the written agreement must contain a clear statement that the hospice assumes responsibility for determining the appropriate course of hospice care to be provided and delineate the services that the hospice is required to provide to the resident (not already covered by the nursing home through the provision of room and board and services to meet the resident's personal care and nursing needs as required by §483.70(o)(2)(ii)(G)). When the resident elects the hospice benefit, the resident may choose to specify his/her nursing home attending physician/practitioner as the hospice attending physician. If the resident does not choose his/her nursing home attending physician, he/she may select another physician/practitioner as the hospice attending physician. The hospice IDG in collaboration with the resident's nursing home attending physician/practitioner is responsible for the palliation and management of specified aspects of care, based on the agreement. The agreement identifies the process for developing the plan of care in collaboration with the resident's attending physician/practitioner and includes the process to be followed to reconcile disagreements between the resident's attending physician/practitioner and hospice physician. NOTE: The nursing home regulations at F710 - Physician Supervision), requires that "The facility must ensure that another physician supervises the medical care of residents when their attending physician is unavailable." According to the hospice CoPs at §418.64(a) and (a)(3) - Standard: Physician services, "The hospice medical director, physician employees, and contracted physician(s) of the hospice, in conjunction with the patient's attending physician, are responsible for the palliation and management of the terminal illness and conditions related to the terminal illness…(3) If the attending physician is unavailable, the medical director, contracted physician, and/or hospice physician employee is responsible for meeting the medical needs of the patient." The written agreement must identify how the nursing home will obtain information regarding the provision of medical care including medication information from the hospice, and should include the identification of hospice non-physician practitioners who, according to State law, may provide orders for medical care of the resident.

Nursing Facility		
	Rule	**Interpretive Guideline**
Physician Communication	§483.70(o)(3) 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. (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.	N/A

Hospice		
	Rule	**Interpretive Guideline**
Prescribed Therapies	§418.112(c)(7) - A provision that the hospice may use the SNF/NF or ICF/IID nursing personnel where permitted by State law and as specified by the SNF/NF or ICF/IID 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.	Probes §418.112(c)(7) • Is there evidence that facility personnel assist in the administration of prescribed therapies included in the plan of care that exceed what a hospice family member might implement? • How do the hospice and the facility identify the therapies that facility staff will be allowed to perform?

Nursing Facility		
	Rule	**Interpretive Guideline**
Prescribed Therapies	§483.70(o)(2) If hospice care is furnished in an LTC facility through an agreement as specified in paragraph (o)(1)(i) of this section with a hospice, the LTC facility must meet the following requirements: (ii) 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: (I) 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.	As described in §483.70(o)(2)(ii)(I), the written agreement must include the provision that the LTC facility personnel may administer therapies where permitted by State law and as specified by the LTC facility as noted in the coordinated plan of care. Report to Hospice any Alleged Violations of Mistreatment, Neglect, Verbal, Mental, Sexual, and Physical Abuse Including Injuries of Unknown Source and/or Misappropriation of Property by Hospice Personnel

Hospice and Nursing Facility Regulation/Interpretive Guideline Comparison

Hospice		
	Rule	**Interpretive Guideline**
Provide Bereavement Services	§418.112(c)(9) - A delineation of the responsibilities of the hospice and the SNF/NF or ICF/IID to provide bereavement services to SNF/NF or ICF/IID staff.	§418.112(c)(9) There are times when facility staff and residents fulfill the role of a patient's family, providing caregiver services, being companions, and generally supporting the patient. A hospice may offer bereavement services to facility staff or residents that fulfill the role of a hospice patient's family as identified in the patient's plan of care.

Nursing Facility		
	Rule	**Interpretive Guideline**
Provide Bereavement Services	§483.70(o)(2) If hospice care is furnished in an LTC facility through an agreement as specified in paragraph (o)(1)(i) of this section with a hospice, the LTC facility must meet the following requirements: (ii) 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: (K) A delineation of the responsibilities of the hospice and the LTC facility to provide bereavement services to LTC facility staff.	As described in §483.70(o)(2)(ii)(K), the death of the resident may have a direct impact on identified nursing home staff. The written agreement should specify when the nursing home should provide information to the hospice regarding nursing home staff that may benefit from bereavement services. The written agreement between the hospice and the nursing home should specify how bereavement services will be coordinated and operationalized by the hospice provider for nursing home staff. The written agreement must include a description of the nursing home's role in providing such services. These services should be individualized based on the resident involved and the staff involvement in their care. In the case of several hospices offering services in a nursing home, each hospice's written agreement must include the provision regarding bereavement services for staff as noted above. NOTE: According to the hospice CoPs at §418.64(d) - Counseling services must include, but are not limited to, the following: (1) - Bereavement counseling. The hospice must: (ii) "Make bereavement services available to the family and other individuals in the bereavement plan of care up to 1 year following the death of the patient. Bereavement counseling also extends to residents of a SNF/NF or ICF/MR when appropriate and identified in the bereavement plan of care."

Hospice		
	Rule	**Interpretive Guideline**
Hospice Plan of Care	§418.112(d) Standard: Hospice plan of care. In accordance with §418.56, a written hospice plan of care must be established and maintained in consultation with SNF/NF or ICF/IID representatives. All hospice care provided must be in accordance with this hospice plan of care.	N/A

Hospice		
	Rule	**Interpretive Guideline**
Changes in Plan of Care	§418.112(d)(3) - Any changes in the hospice plan of care must be discussed with the patient or representative, and SNF/NF or ICF/IID representatives, and must be approved by the hospice before implementation.	§418.112(d)(3) The hospice and the facility must have a process in which they can exchange information from the hospice IDG plan of care reviews and assessment updates, and the facility team, patient and family (to the extent possible) conferences, when updating the plan of care and evaluating outcomes of care to assure that the patient receives the necessary care and services. The hospice must authorize all changes to the hospice portion of the plan of care prior to the change being made. Procedures and Probes §418.112(d)(3) Based on observations, if concerns are identified that the plan of care does not identify the interventions observed, or if the patient and/or representative have indicated that the interventions are not meeting his/her needs, interview hospice and facility staff. Determine how the hospice and facility monitor for the outcome of the interventions and what process they have in place to revise the plan of care to meet the needs of the patient. Determine how the hospice is providing coordination of the plan of care interventions, assuring that the interventions are being implemented by the facility, and assuring that interventions are not changed without hospice approval.

Hospice

	Rule	Interpretive Guideline
Coordination and Collaboration in Care Planning Process	§418.112(e)(1)(i) - Providing overall coordination of the hospice care of the SNF/NF or ICF/IID resident with SNF/NF or ICF/IID representatives	Interpretive Guidelines §418.112(e)(1)(i) The intent of this regulation is for the hospice IDG to designate a member responsible for overseeing and coordinating the provision of care between the hospice and the facility. This person may or may not be the hospice RN responsible for the coordination of patient's hospice care in the facility. It may also be the physician, social worker or counselor member of the IDG. In order to facilitate the coordination and provision of hospice care to the patient, the hospice and the facility should address how the hospice staff access and communicate with facility staff. This includes, but is not limited to: • Development of each provider's portion of the plan of care to assure that the plans are complimentary and reflect common goals and the patient's expressed desire for hospice care; • Documentation in both respective entities' clinical records or other means to ensure continuity of communication and easy access to ongoing information; • Role of any hospice vendor in delivering supplies or medications; • Ordering, renewal, delivery and administration of medications; and • Role of the attending physician, and process for obtaining and implementing physician orders. Procedures and Probes §418.112(e)(1)(i) • Does the hospice's system for ordering, renewal, delivery and administration of medications work effectively in the facility? • What procedures are in place to ensure that the patient receives timely medication and treatments for optimal palliation, pain and symptom relief? • Is there evidence that the hospice provides education to the facility on the hospice resident's pain and symptom management plan? • Does the hospice work with the facility to monitor the effectiveness of treatments related to pain and symptom control?

Hospice		
	Rule	**Interpretive Guideline**
Hospice Providing Care Plan and Other Documents to Nursing Home	§418.112(e)(3) Provide the SNF/NF or ICF/IID 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(e)(3) The hospice and facility must have a process by which information from the hospice IDG plan of care reviews, updated assessments, and the facility team and the patient and family (to the extent possible) will be exchanged when developing and updating the plan of care and evaluating outcomes of care to assure that the patient receives the necessary care and services. Probes §418.112(e)(3) Interview facility staff involved in the care of the patient on their knowledge of how to contact hospice staff 24 hours a day

Hospice and Nursing Facility Regulation/Interpretive Guideline Comparison

Hospice		
	Rule	**Interpretive Guideline**
Hospice Plan of Care - Delineates Services Provided by Each Provider	§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.	None

Nursing Facility		
	Rule	**Interpretive Guideline**
Hospice Plan of Care	§483.70(o)(2) If hospice care is furnished in an LTC facility through an agreement as specified in paragraph (o)(1)(i) of this section with a hospice, the LTC facility must meet the following requirements: (ii) 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: (A) The services the hospice will provide. (B) The hospice's responsibilities for determining the appropriate hospice plan of care as specified in §418.112 (d) of this chapter. (C) The services the LTC facility will continue to provide based on each resident's plan of care.	As described in §483.70(o)(2)(ii)(B), when a hospice patient is a resident of a nursing home, the hospice must establish the hospice plan of care in coordination with the nursing home, the resident's nursing home attending physician/practitioner, and to the extent possible, the resident/designated representative. In order to provide continuity of care, the hospice and the nursing home must collaborate in the development of a coordinated plan of care for each resident receiving hospice services. The structure of the plan of care is established by the nursing home and the hospice. The coordinated plan of care must identify the provider responsible for performing each or any specific services/functions that have been agreed upon. The plan of care may be divided into two portions, one maintained by the nursing home and the other maintained by the hospice. The nursing home and the hospice must be aware of the location and content of the coordinated plan of care (which includes the nursing home portion and the hospice portion) and the plan must be current and internally consistent in order to assure that the needs of the resident for both hospice care and nursing home care are met at all times. The nursing home must designate a member of the nursing home's interdisciplinary team who is responsible for working with hospice to coordinate care for the resident. (See §483.70(o)(3)(i) below.) In addition, different nursing home staff, who are knowledgeable regarding the resident's care, may also work with hospice staff in the development of the plan of care. The hospice coordinator must provide ongoing coordination and collaboration with the nursing home coordinator, the resident's attending physician/practitioner and the resident/designated representative regarding changes to the resident's plan(s) of care.

		Based on the shared communication between the hospice and the nursing home, the coordinated plan(s) of care should reflect the identification of: • Diagnoses; • A common problem list; • Palliative interventions; • Palliative goals/objectives; • Responsible discipline(s); • Responsible provider(s); and • Resident/designated representative choices regarding care and goals.

Nursing Facility		
	Rule	**Interpretive Guideline**
Changes in Plan of Care	N/A	N/A

Nursing Facility		
	Rule	**Interpretive Guideline**
Coordination and Collaboration in Care Planning Process	§483.70(o)(3) 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. (i) Collaborating with hospice representatives and coordinating LTC facility staff participation in the hospice care planning process for those residents receiving these services.	N/A

Nursing Facility		
	Rule	**Interpretive Guideline**
Hospice Providing Care Plan and Other Documents to Nursing Home	§483.70(o)(3) 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. (iv) Obtaining the following information from the hospice: (A) The most recent hospice plan of care specific to each patient. (B) Hospice election form. (C) Physician certification and recertification of the terminal illness specific to each patient. (D) Names and contact information for hospice personnel involved in hospice care of each patient. (E) Instructions on how to access the hospice's 24-hour on-call system. (F) Hospice medication information specific to each patient. (G) Hospice physician and attending physician (if any) orders specific to each patient.	N/A

Nursing Facility		
	Rule	**Interpretive Guideline**
Hospice Plan of Care - Delineates Services Provided by Each Provider		As described in §483.70(o)(2)(ii)(B), when a hospice patient is a resident of a nursing home, the hospice must establish the hospice plan of care in coordination with the nursing home, the resident's nursing home attending physician/practitioner, and to the extent possible, the resident/designated representative. In order to provide continuity of care, the hospice and the nursing home must collaborate in the development of a coordinated plan of care for each resident receiving hospice services. The structure of the plan of care is established by the nursing home and the hospice. The coordinated plan of care must identify the provider responsible for performing each or any specific services/functions that have been agreed upon. The plan of care may be divided into two portions, one maintained by the nursing home and the other maintained by the hospice. The nursing home and the hospice must be aware of the location and content of the coordinated plan of care (which includes the nursing home portion and the hospice portion) and the plan must be current and internally consistent in order to assure that the needs of the resident for both hospice care and nursing home care are met at all times. The nursing home must designate a member of the nursing home's interdisciplinary team who is responsible for working with hospice to coordinate care for the resident. (See §483.70(o)(3)(i) below.) In addition, different nursing home staff, who are knowledgeable regarding the resident's care, may also work with hospice staff in the development of the plan of care. The hospice coordinator must provide ongoing coordination and collaboration with the nursing home coordinator, the resident's attending physician/practitioner and the resident/designated representative regarding changes to the resident's plan(s) of care. Based on the shared communication between the hospice and the nursing home, the coordinated plan(s) of care should reflect the identification of: • Diagnoses; • A common problem list; • Palliative interventions; • Palliative goals/objectives; • Responsible discipline(s); • Responsible provider(s); and

		• Resident/designated representative choices regarding care and goals.

Hospice		
	Rule	**Interpretive Guideline**
Coordination of Services	§418.112(e) Standard: Coordination of services. The hospice must: (1) Designate a member of each interdisciplinary group that is responsible for a patient who is a resident of a SNF/NF or ICF/IID. The designated interdisciplinary group member is responsible for:	N/A

Hospice		
	Rule	**Interpretive Guideline**
Coordination and Collaboration in Care Planning Process	§418.112(e)(1)(i) - Providing overall coordination of the hospice care of the SNF/NF or ICF/IID resident with SNF/NF or ICF/IID representatives	Interpretive Guidelines §418.112(e)(1)(i) The intent of this regulation is for the hospice IDG to designate a member responsible for overseeing and coordinating the provision of care between the hospice and the facility. This person may or may not be the hospice RN responsible for the coordination of patient's hospice care in the facility. It may also be the physician, social worker or counselor member of the IDG. In order to facilitate the coordination and provision of hospice care to the patient, the hospice and the facility should address how the hospice staff access and communicate with facility staff. This includes, but is not limited to: • Development of each provider's portion of the plan of care to assure that the plans are complimentary and reflect common goals and the patient's expressed desire for hospice care; • Documentation in both respective entities' clinical records or other means to ensure continuity of communication and easy access to ongoing information; • Role of any hospice vendor in delivering supplies or medications; • Ordering, renewal, delivery and administration of medications; and • Role of the attending physician, and process for obtaining and implementing physician orders. Procedures and Probes §418.112(e)(1)(i) • Does the hospice's system for ordering, renewal, delivery and administration of medications work effectively in the facility? • What procedures are in place to ensure that the patient receives timely medication and treatments for optimal palliation, pain and symptom relief? • Is there evidence that the hospice provides education to the facility on the hospice resident's pain and symptom management plan? • Does the hospice work with the facility to monitor the effectiveness of treatments related to pain and symptom control?

Nursing Facilty		
	Rule	**Interpretive Guideline**
Coordination of Services	§483.70(o)(3) 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.	As described in §483.70(o)(3)(i)-(v), the nursing home must identify and designate, in writing, an employee of the nursing home to assume the responsibilities for collaborating and coordinating activities between the nursing home and the hospice. The nursing home employee 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 nursing home coordinator should be familiar with hospice philosophy and practices. The nursing home should provide the name of the designated nursing home staff member to the resident/representative for ongoing communication regarding care or concerns. If the designated employee is not available, the nursing home may delegate this function to another nursing home employee who meets the requirements identified above. It should be noted that in nursing homes contracting with more than one hospice, the nursing home may designate more than one/different employees to serve as coordinator with the respective hospice(s). Due to the complex clinical needs of a resident who is in the terminal stages of life, the interdisciplinary team member must have the ability to assess the resident or have access to someone who has the ability to assess the resident. The communication process established should include a system for the designated interdisciplinary team member to obtain the information as identified at §483.70(o)(3) (iv) A-G. The resident's nursing home record must have evidence of this information. The designated employee is responsible for assuring that orientation is provided to hospice staff. This orientation is meant to address the overall facility environment including policies, rights, record keeping and forms requirements. It is important for the nursing home to document and have available information regarding hospice staff orientation. NOTE: Refer to § 418.112(f). In addition to the orientation that nursing homes must provide to hospice staff, hospices must provide orientation to nursing home staff providing care for hospice patients. The orientation requirements while separate regulations for both the nursing home and hospice, should be a collaborative effort to assure that the hospice employees provide services and care effectively in the nursing home and that the hospice ensures that the nursing home staff understands the basic philosophy and principles of hospice care. If a nursing home has written

		agreements with multiple hospice providers, the nursing home should collaborate with each hospice to assure that the nursing home staff are familiar with specific policies and procedures for each individual hospice. It may not be necessary for each hospice to provide information to nursing home staff regarding the hospice philosophy and principles of care if the nursing home staff has received this information and are aware of the philosophy and principles of care.

Nursing Facilty		
	Rule	**Interpretive Guideline**
Coordination and Collaboration in Care Planning Process	§483.70(o)(3) 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. (i) Collaborating with hospice representatives and coordinating LTC facility staff participation in the hospice care planning process for those residents receiving these services.	N/A

Hospice and Nursing Facility Regulation/Interpretive Guideline Comparison

Hospice		
	Rule	**Interpretive Guideline**
Orientation and Training of Staff	§418.112(f) Standard: Orientation and training of staff Hospice staff must assure orientation of SNF/NF or ICF/IID 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.	§418.112(f) It is the hospice's responsibility to assess the need for staff training and coordinate the staff training with representatives of the facility. It is also the hospice's responsibility to determine how frequently training needs to be offered in order to ensure that the facility staff furnishing care to hospice patients are oriented to the philosophy of hospice care. Facility staff turnover rates should be a consideration in determining training frequency. Procedures and Probes §418.112(f) If during observations and interviews with the patient/representative and staff, concerns are identified that staff are not following the hospice philosophy, 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, interview hospice staff on how they have provided education to the facility staff. How does the hospice assure that the facility staff furnishing care to hospice patients are trained in the hospice philosophy of care?

Nursing Facility		
	Rule	**Interpretive Guideline**
Orientation and Training of Staff	§483.70(o)(3) 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.	As described in §483.70(o)(3)(i)-(v), the nursing home must identify and designate, in writing, an employee of the nursing home to assume the responsibilities for collaborating and coordinating activities between the nursing home and the hospice. The nursing home employee 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 nursing home coordinator should be familiar with hospice philosophy and practices. The nursing home should provide the name of the designated nursing home staff member to the resident/representative for ongoing communication regarding care or concerns. If the designated employee is not available, the nursing home may delegate this function to another nursing home employee who meets the requirements identified above. It should be noted that in nursing homes contracting with more than one hospice, the nursing home may designate more than one/different employees to serve as coordinator with the respective hospice(s). Due to the complex clinical needs of a resident who is in the terminal stages of life, the interdisciplinary team member must have the ability to assess the resident or have access to someone who has the ability to assess the resident. The communication process established should include a system for the designated interdisciplinary team member to obtain the information as identified at §483.70(o)(3) (iv) A-G. The resident's nursing home record must have evidence of this information. The designated employee is responsible for assuring that orientation is provided to hospice staff. This orientation is meant to address the overall facility environment including policies, rights, record keeping and forms requirements. It is important for the nursing home to document and have available information regarding hospice staff orientation. NOTE: Refer to § 418.112(f). In addition to the orientation that nursing homes must provide to hospice staff, hospices must provide orientation to nursing home staff providing care for hospice patients. The orientation requirements while separate regulations for both the nursing home and hospice, should be a collaborative effort to assure that the hospice employees provide services and care effectively in the nursing home and that the hospice ensures that the nursing home staff understands the basic philosophy and principles of hospice care. If a nursing home has written agreements with multiple hospice providers, the nursing home should collaborate with each hospice to assure that the nursing home staff are familiar with specific policies and procedures for each individual hospice. It may not be necessary for each hospice to provide information to nursing home staff regarding the hospice philosophy and principles of care if the nursing home staff has received this information and are aware of the philosophy and principles of care.