

## EXTENDED CARE LINK

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# hospice and ltc services **Duplicative or Different?**



According to the National Hospice and Palliative Care Organization (NHPCO), "Hospice provides support and care for persons in the last phases of an incurable disease so that they may live as fully and comfortably as possible."<sup>1</sup> LTC facilities also provide support and care for individuals including those who are in the last phases of life. So are these duplicative services or are they different?

End of life is a difficult time for both residents and their families. A terminal diagnosis can be hard to grasp. Hospice can provide extra support during this time and hospice social workers can help with coping, grieving and the bereavement process. Specially trained nurses and home health aides are available to assist the LTC staff along with volunteer services and spiritual care. The hospice teams work cohesively with the LTC team to coordinate the plan of care and allow for the resident's comfort and quality of life.

### COORDINATED SERVICES

LTC facilities are required to provide the following services; nursing, aides, dietary, physician, dental, pharmacy, laboratory, specialized rehabilitation and social ser-

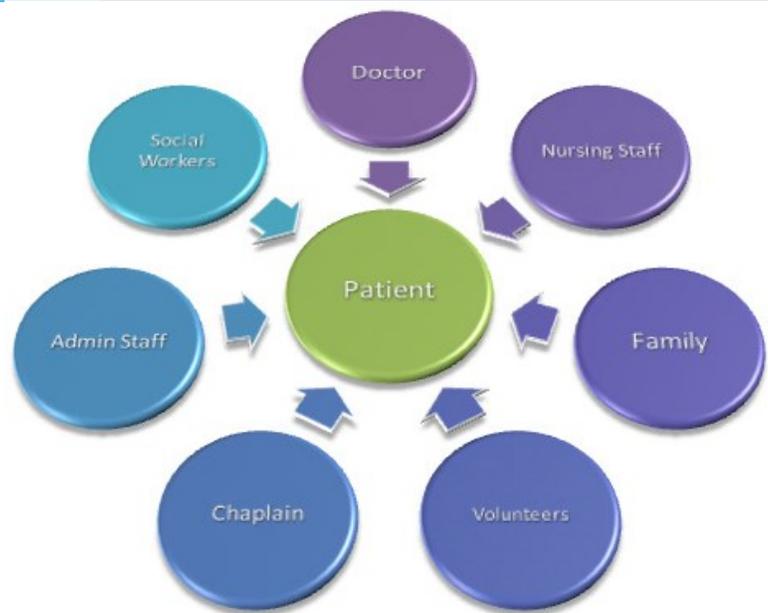


**1 OUT OF 2 AMERICANS**  
will need long term care at  
some point in their lives.

ices.<sup>2</sup> In comparison, hospices provide nursing, aides, medical social services, physician services, counseling services to include spiritual, dietary, and bereavement, volunteer services, therapy services, short-term inpatient care, and medical supplies.<sup>3</sup> Looking at the lists it is easy to see where not only can one conclude that it looks like duplication, there is also a potential for fraud.

To ensure that both services are provided appropriately, a written agreement needs to be in place if a LTC facility plans to work with a hospice agency. If a resident chooses to elect the hospice benefit and an agreement is not in place, the facility can put an agreement in place. Another option is to "... assist the resident with a transfer to another facility or appropriate setting where hospice services are provided."<sup>4</sup>

The LTC facility that has an agreement in place needs to ensure that services are seamless by developing a coordinated care plan. According to the State Operations Manual, the LTC facility retains primary responsibility for the aspects of care that are not related to hospice. For example, 24-hour room and board along with meeting the residents nursing and personal care needs. The services that the LTC facility provides



to the other residents must also be provided to residents who are under the care of a hospice provider. The utilization of hospice services does not relinquish the responsibilities for meeting Federal requirements related to the care of the resident.

In contrast, "...hospice retains primary responsibility for the provision of hospice care and services, based upon the resident's assessments..."<sup>5</sup> This includes the provision of medical direction, nursing, hospice aides, counseling,

social work, and if needed medical supplies, durable medical equipment, and drugs that may be necessary to control the pain and symptoms associated with the terminal illness.<sup>6</sup>

## OVERSIGHT

Regulators recognize the benefits of both services while also recognizing the need for oversight to reduce the potential for fraud. CMS published a final rule in 2013 outlining requirements for LTC facilities when they enter into agreements with hospices. In 2016, Reform Requirements for LTC facilities were published that included regulations affecting the relationship between hospices and LTC facilities. These requirements include interpretation guidelines, which can be a very helpful resource when developing agreements with hospice providers.



The Office of Inspector General has also taken notice of hospice services. In a compliance article written by Bill Musick, he indicates that the OIG Work Plan has seven current items related to the Medicare Hospice Benefit and compliance with the hospice Medicare requirements. Another area of oversight according to Musick is the Program for Evaluating Payment Patterns Electronic Reports (PEPPER). These reports are given to providers so that they can benchmark themselves against potential fraud indicators. One of those benchmarks for includes hospice levels of care provided in nursing facilities.

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# Conclusion



Hospice services can be a very beneficial adjunctive service for residents dealing with terminal illnesses. LTC facilities need to be aware of the differences in the services that each entity provides and how each service can work together to provide the best experience for the resident and their family. Misunderstandings of how each service can contribute to the care of the resident can lead to a duplication or absence of services. Regulators are closely monitoring hospice services due to the potential for fraud. This should not deter you from coordinating with hospice providers but encourage you to use the regulatory guidance available to allow residents to benefit from both services.

<sup>1</sup>National Hospice and Palliative Care Organization Philosophy Statement available at <https://www.nhpco.org/ethical-and-position-statements/preamble-and-philosophy>

<sup>2</sup>State Operations Manual: Appendix PP

<sup>3</sup>Indem

<sup>4</sup>Indem

<sup>5</sup>Indem

<sup>6</sup>Indem

HealthTechS3's LTC Consulting Services are intended to be educational in nature and are not intended to identify potential compliance violations. The LTC Consulting Services may include advice and recommendations, but the ultimate responsibility for decisions regarding Client's compliance program and related processes, policies and procedures, including without limitation, the decision to further investigate,

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