

## Having the Difficult Conversation: We Need to Discharge You from Hospice

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### OBJECTIVES

- Identify the regulatory requirements surrounding discharge planning
- Identify key components to a consistent discharge process
- Discuss the best time to initiate the discharge discussion as well as follow up discussions

### FEDERAL REQUIREMENTS

- Medicare Conditions of Participation
- 418.26 Discharge from hospice care
  - (1) The patient moves out of the hospice's service area or transfers to another hospice;
  - (2) The hospice determines that the provider is no longer terminally ill;
  - (3) The hospice determines, under a policy set by the hospice for the purpose of addressing discharge for cause that the patient's (or other persons in the patient's home) behavior is disruptive, abusive, or uncooperative to the extent that delivery of care to the patient or the ability of the hospice to operate effectively is seriously impaired. The hospice must do the following before it seeks to discharge a patient for cause:

### FEDERAL REQUIREMENTS

- For cause continued...
  - Advise the patient that a discharge for cause is being considered;
  - Make a serious effort to resolve the problem(s) presented by the patient's behavior or situation;
  - Ascertain that the patient's proposed discharge is not due to the patient's use of necessary hospice services; and
  - Document the problem(s) and efforts made to resolve the problem(s) and enter this documentation into its medical records.
- July 1, 2012
  - Patient moves out of the hospice's service area or transfers to another hospice (includes hospitals and SNF's with no contractual arrangements)

### federal requirements

- Discharge order. Prior to discharging a patient for any reason listed in paragraph (a) of this section, the hospice must obtain a written physician's discharge order from the hospice medical director. If a patient has an attending physician involved in his or her care, this physician should be consulted before discharge and his or her review and decision included in the discharge note.

### federal requirements

- Effect of discharge. An individual, upon discharge from the hospice during a particular election period for reasons other than immediate transfer to another hospice—
  - Is no longer covered under Medicare for hospice care;
  - Resumes Medicare coverage of the benefits waived under §418.24(d); and
  - May at any time elect to receive hospice care if he or she is again eligible to receive the benefit.

### FEDERAL REQUIREMENTS

- **Discharge planning**
  - (1) The hospice must have in place a discharge planning process that takes into account the prospect that a patient’s condition might stabilize or otherwise change such that the patient cannot continue to be certified as terminally ill.
  - (2) The discharge planning process must include planning for any necessary family counseling, patient education, or other services before the patient is discharged because he or she is no longer terminally ill.

### STATE REQUIREMENTS

- **Need to know individual state requirements for discharge planning**
- **Time frames**
- **Process**

### EXPEDITED DETERMINATION NOTICES

- **Generic Notice of Medicare Non-Coverage (NOMNC)-CMS10123**
  - Valid notice delivered at least 2 days prior to termination of services
  - Live discharges determined no longer terminally ill
  - Not issued when discharged for cause
  - Not issued for revocations
- **Detailed Explanation of Non-Coverage (DENC)**

Forms and instructions found at <http://www.cms.gov/Medicare/Medicare-General-Information/BNL>

### Advance Beneficiary Notice

- **Advance Beneficiary Notice (ABN)-CMS-R-131**
  - Issued when service continues but beneficiary is considered no longer terminally ill
  - Level of hospice care is determined to be not reasonable or medically necessary
  - Specific items or services that are billed separately from the hospice benefit and are not reasonable and necessary
  - Not issued for revocations
  - Respite care beyond 5 consecutive days
  - Transfers

Forms and instructions found at <http://www.cms.gov/Medicare/Medicare-General-Information/BNL>

### Elements of a consistent discharge process

### WHY IS THIS IMPORTANT?

- **Good discharge planning paves the way from one healthcare setting to another and possibly back to your hospice**
  - MedPac 2011
    - 79% of live discharges are for patients who are considered no longer terminally ill
  - Abt Associates 2010
    - 49.2% of live discharges are deceased within 6 months
- **Complaint surveys**
- **Issues of Fraud and Abuse**

### ELEMENTS OF A CONSISTENT DISCHARGE PROCESS

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- Requires staff knowledge of:
  - Agency’s policy
  - Federal and state requirements
  - Hospice Medicare Benefit
  - Disease process
    - Chronic vs. Acute

### ELEMENTS OF A CONSISTENT DISCHARGE PROCESS

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- Timely process
  - Medicare will not continue to pay once patient is determined to no longer be terminally ill-will not pay for discharge planning
- Interdisciplinary Team (IDT) involvement; not a single discipline
- Patient/family education and resource referral
- Staff comfort level

### STARTING THE CONVERSATION

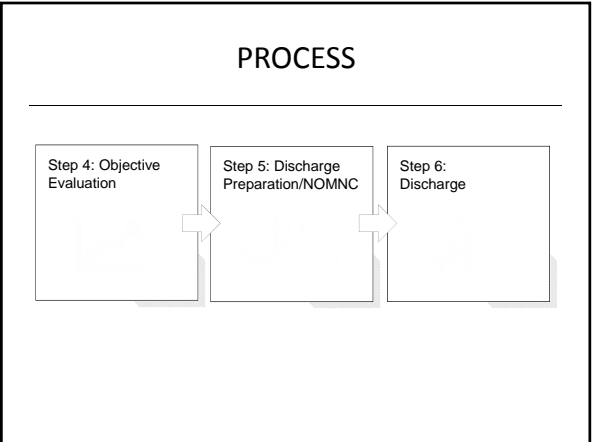
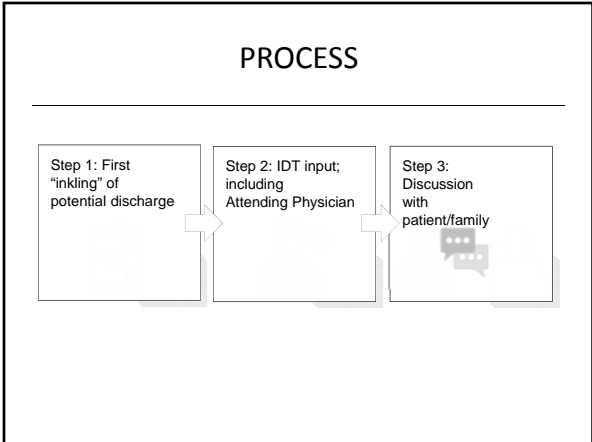
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- Admission?
  - Need to treat each patient and family as an individual
  - Educate patients and family about the Hospice Medicare Benefit
    - CMS resource
    - No “penalty” for inappropriate admission
  - Written information that can be part of the Admission packet
  - Discharge planning is an IDT function; not a single discipline
  - Don’t sugar coat it
    - Patients are still sick, scared

### PROCESS

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- When is it discussed?
- Document or track decline
  - Software
  - Manually graph
  - Utilization Committee
- Face-to-Face
  - What is your agency’s policy for Face-to-Face?
  - Timing is everything



### MAINTAINING THE RELATIONSHIP

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- Follow up
  - Volunteers
  - Standardized form
  - Process for clinical evaluation

### MAINTAINING THE RELATIONSHIP

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- 2 week post discharge phone call
  - Do you have the medical equipment that was ordered for you?
  - Have you had any problems getting the medications you are prescribed?
  - Have any of your medications been changed?
  - Is the home health agency still providing the care that was ordered for you?
  - Have you been to the doctor or hospital since you were discharged from hospice?
  - Have you had any falls or other medical situations since you were discharged from hospice?

### MAINTAINING THE RELATIONSHIP

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- Monthly follow up phone call
  - Are you still using the medical equipment that was ordered for you?
  - Have you had to use additional equipment?
  - Has the home health agency changed the frequency in which they are visiting you?
  - Have visits increased or decreased visits?
  - Has different staff started providing care in the home?
  - Have your medications changed?
  - Have you had any MD appointments or hospitalizations, or gone to the emergency room for anything since we last talked?
  - Have you had any falls or other medical situations since we last talked?

### TAKE AWAYS

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- Educate staff
  - Ensure their comfort level
  - Utilize those that do it well
  - Role play
- Evaluate your process...and policy
- Follow up
  - What can your agency do to maintain the relationship?

### RESOURCES

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- Georgia Rules and Regulations for Hospices
- Medicare Conditions of Participation for Hospice
- CMS Transmittal 2711, Change Request 7903, May 24, 2013
- CMS Transmittal 2410, Change Request 7677, Feb 3, 2012
- MLN Matters® Number: MM7821
- MLN Matters® Number: MM7677

### QUESTIONS?