

Frequently asked Questions about hospice inpatient facilities

Introduction: Those interested in considering the development of an inpatient hospice program are strongly advised to begin by reading thoroughly the State and Federal Regulations governing such programs, including the coverage guidelines. Those coverage guidelines can be found on the fiscal intermediary web-site www.cahabagba.com. Further, it may also be advisable to conduct a feasibility study, which would include analysis of the need for such services in the community, along with the financial studies, which would determine the impact on the hospice.

The information offered here is provided to assist in answering commonly asked questions about such facilities. This information is advisory in nature and does not carry the force of law, or imply approval for anything for a particular situation.

I. Regulatory Concerns

1. Can you operate a hospice inpatient facility without also providing hospice home care?

No. The Federal Medicare regulations do not allow a hospice to provide only inpatient care. That is, it is not permitted that hospice inpatient facilities exist separately from hospice home care.

2. Is it necessary to obtain a Certificate of Need?

No

3. What regulations must one follow in a Hospice Inpatient facility (HIF)?

Any facility, which will be called a hospice facility, regardless of whether it is part of an existing facility or a separate facility, must meet both the federal and Missouri regulations for hospice. Both of these sets of regulations contain requirements, which apply to inpatient hospices.

These regulations are:

Missouri 19 CSR 30-35.020 Hospice Providing Direct Care in a hospice facility.
Federal 42 CFR, Part 418

4. If a hospice is located in an existing facility, such as a nursing facility or hospital, do the beds need to be decertified?

Yes, the beds would have to be decertified from their existing category, AND, the hospice unit would have to be physically separated by a firewall.

5. Is it necessary to inform the State of plans for such facilities?

Yes. As soon as a hospice definitely intends to open a facility, notice should be sent in writing to the Administrator, Department of Health and Senior Services, Bureau of Home Care and Rehabilitation Standards, P.O. Box 570, Jefferson City, MO 65102-0570.

6. Does the facility need to meet other regulations?

Yes. All local regulations, building codes, ADA requirements, fire and life safety codes and such must also be met.

Additionally, all facilities, which are being newly constructed, renovated or converted from another type of building, will be reviewed by the Missouri Department of Health and Senior Services. At certain points in the design it is necessary to show the architectural plans to the Department staff. The architect and/or engineer will visit the site at least once during construction. This visit(s) must be scheduled to allow visual inspection of certain building components prior to completion. The Department will advise hospices of their inspection requirements and of required modifications.

7. How and when is the inpatient facility surveyed?

If a hospice is opening both its home care and inpatient programs as a new provider, both will be surveyed at the same time. If an existing hospice opens an inpatient facility, it will be surveyed after three patients have been served in the facility. Subsequently, the regular State survey process will include both the home and inpatient programs.

II. Operational

1. Can a hospice facility exist inside another facility?

Yes. A hospice facility can be a wing of a hospital, nursing facility or other facility, so long as it meets all the regulations and includes a separation by a firewall from the rest of the facility.

2. Can a hospice rent space from another facility for this purpose?

Yes. The hospice should assure that the facility is utilized properly and avoid appearance of a kickback to the hospital or other facility.

3. If the hospice rents space, what other services can it obtain from the host facility?

Support such as dietary, laundry, maintenance, pharmacy, etc., may be contracted. However, the core services requirements must be met, so nursing, counseling, or other core services must be provided by employees of the hospice.

4. All four levels of care are possible in a hospice facility: routine home care, general inpatient care, respite care and continuous care. Whether levels of care beyond routine home care can be provided will depend on:

- a) Whether the patient meets the regulatory requirements for that level of care.
- b) Whether the facility meets staffing requirements for that level of care (e.g., continuous care staffing, RN requirements for inpatient respite and general inpatient care).

5. Can the Medicaid room and board payment be used for the room and board fee in a hospice?

No.

6. How does accreditation apply to the inpatient hospice?

Any accrediting agency will include inpatient hospice in their accreditation Survey.

7. Do doctors have to have "Privileges" to admit to the hospice facility?

This decision is up to the hospice, who may choose to credential physicians, or simply work with the personal physicians of their patients, as is done in home care. Neither Medicare nor Medicaid regulates this.

8. What are the staffing requirements?

State regulations require that at least two patient care people are present in the facility at all times and there must be one nurse for every 10 patients.

9. What is the role of the Hospice physician at an inpatient hospice facility?

The Missouri regulations require that the Medical Director for the facility make an onsite visit at least monthly. However, all hospice care requires medical direction of the IDG at least every two weeks.

10. How does pharmacy work?

There are different pharmacy options. The hospice facility will need to determine the method it will use to supply pharmacy services. Automatic dispensing machines may be utilized; the hospice may establish its own pharmacy, use an outside vendor, or other methods. Once the hospice determines its method, then licensing and other requirements may be determined.

III. Financial

1. How much does it cost to build such a facility?

Suggest this question be explored with an architect or builder.

2. What are Medicare's payment rules?

a. CAHABA website. Section 190.25, pages 36-41 will provide coverage details for care.

3. Does commercial insurance pay for it?

Contracts must be individually negotiated with the commercial payers.

4. Is there a limit on the number of days that a patient can stay in a facility?

Various factors must be understood:

- a) Medicare's 80/20 rule.
- b) Eligibility for (GIP) general inpatient care.
- c) Eligibility for respite

There is not a limit on how long someone can be in a facility as long as they qualify for the level of care for which they are eligible.