Guide

to Hospice Levels of Care

Visiting Nurse & Hospice
of Vermont and New Hampshire

1-800-575-5162

Overview

Hospice Levels of Care

The Medicare hospice benefit provides for comprehensive care that includes four levels of care:

- Routine Home Care
- Continuous Home Care
- Inpatient Respite Care
- General Inpatient Care

Hospice patients may be eligible for any of the four levels of care on admission, depending on their condition, needs and the plan of care. The choice of the level of care is based on symptom management and the care needs at that time.

Hospice patients should move from one level of care to another based on their evolving care needs. All changes in the level of care must be approved by the hospice team. Reimbursement is determined by the level of care provided day by day.

The Visiting Nurse & Hospice of VT and NH is responsible for patient care and maintains professional management throughout all levels of hospice care.

Please call your Visiting Nurse & Hospice of VT and NH regional liaison's with questions about the appropriate level of care. (See page 6 for the contact information).

Routine Home Care (RHC)

Overview

Basic care is provided by the hospice team in the place that the patient resides. The patient's home may include:

- A private residence
- Contracted assisted living facilities or other congregate living arrangements
- Contracted long-term care facilities

Reimbursement for routine home care is on a daily per diem basis.

Facility Based Routine Home Care

Care is provided in contracted facilities that are compliant with regulatory requirements. Hospice maintains professional management responsibility of the patient's care. Services are delivered under direction of the Hospice Interdisciplinary Team (IDT). Room and board at the facility is not covered by hospice.

Continuous Home Care (CHC)

Overview

Continuous Home Care (CHC) is provided in the home during periods of crisis and acute medical symptoms. It is provided on a short term basis, typically 2-3 days. CHC is primarily nursing to manage the symptoms and crises for a minimum of 8 hours per day to as many as 24 hours per day. CHC is appropriate in response to a medical crisis as determined by the attending physician and hospice medical director. Reimbursement is based on number of actual hours of care in a 24 hour period.

Indications for Using Continuous Home Care

Examples of indications include:

- Severe pain
- Severe respiratory distress
- Uncontrolled symptoms
- Intractable nausea and vomiting
- Severe agitation or confused state
- Seizures
- Bleeding
- Imminent death with uncontrolled symptom issues

Considerations for Continuous Home Care

Factors to consider before starting Continuous Home Care include:

- Patient/family wishes to remain at home
- Move to another setting causes hardship
- More effective symptom management can be achieved in the home than an inpatient setting

Inpatient Respite Care

Overview

Inpatient Respite Care (IRC) is for caregiver respite or other situations that require removing a patient from home for a short period of time. Care must be provided in contracted facility, hospice residence or inpatient unit. The length of respite care is limited to no more than 5 consecutive days per hospice benefit period.

Respite Practice Guidelines

Section 418.98 (a) in the CoP says that inpatient care for symptom management must be provided in one of the following:

- A Hospice that meets Conditions of Participation (CoP) for providing direct inpatient care
- A contracted hospital or skilled nursing facility that meets the requirements for 24-hour nursing and other patient needs

General Inpatient (GIP)

Overview

General Inpatient Care (GIP) is appropriate for pain or other acute or chronic symptom management that cannot be managed in other settings. Inpatient care is intended as a short term benefit, which is evaluated on a daily basis. Hospice is responsible for management of the Hospice Plan of Care during inpatient stays.

General Inpatient: Conditions of Participation (CoP)

CoP regulation 418.98 (a) says inpatient care for symptom control must be provided in one of the following:

- A Hospice agency that meets CoP for providing inpatient care directly, or
- Contracted hospital or Skilled Nursing Facility that meets the requirements for 24-hour nursing and specifics regarding patient areas

Practice Guidelines

GIP requires a precipitating event before it is appropriate. (Caregiver

breakdown does not qualify as a reason to move to General Inpatient Care). There are several situations where General Inpatient Care is appropriate. One situation is when monitoring pain needs to be constant and requires frequent intervention to achieve control. Another example is when it is no longer feasible to provide acute care or symptom management in the home. A third example is when a combination of uncontrolled symptoms and psychosocial issues will impact care in the home setting.

Plan of Care

The Medical Director, Hospice Case Manager and attending physician must approve the General Inpatient stay prior to the start of care.

The patient's clinical record must show changes to the patient's plan of care as a result of a General Inpatient stay. The General Inpatient Plan of Care has to include the reasons why lower levels of care like routine hospice care is not feasible. The plan has to describe how the scope and frequency of hospice services has changed as a result of the General Inpatient stay.

Ongoing Assessment

Professional management and communication during the patient's care should be evident in the written documentation. Each day of eligibility at the higher level of care should be justified and documented to be eligible for Medicare reimbursement. Discharge planning should be evident at the outset of service as well as when crisis subsides.

Related or Unrelated to the Hospice Diagnosis

When hospitalization is needed, the hospice team and the attending physician will determine whether it is related or unrelated to the terminal illness to quality for Medicare reimbursement. Acute conditions that are related to the hospice diagnosis are reimbursed through the GIP level of care but must be approved by the hospice team. If a patient is hospitalized for a diagnosis unrelated to hospice, the patient's Medicare or private insurance should be billed.

Questions and More Information

This booklet is intended as a guide. You do not have to make a decision about a hospice patient's appropriate level of care on your own.

Please call your Visiting Nurse & Hospice of VT and NH Community Liaison at any time with questions or concerns.

Toll Free Business Office Number
1-888-300-8853

Community Liaison North Region
Pager Number: (603) 615-5160

Community Liaison South Region
Pager Number: (802) 452-6097

In life we prepare for everything... college, marriage, children, retirement. But we seldom talk about preparing for the end.

Knowing your end-of-life options is an important first step.
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A Public Education Initiative By Vermont's Non-Profit VNA's, Home Health and Hospice Agencies In Partnership With Vermont Ethics Network

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