

## Eli's Hospice Insider

### Marketing: Point Your SNF Referral Sources To These Resources

#### Most common hospice deficiencies can help nursing homes prepare for surveys.

Under new requirements, nursing facilities must designate an individual □ a clinical member of the interdisciplinary team □ as the point person for coordinating and communicating with a hospice. This person will collaborate on care planning and be responsible for ensuring adequate communication.

Facilities trying to bolster their survey defenses when contracting with you should consider the **Centers for Medicare & Medicaid Services'** 2012 list of the 10 most common hospice deficiencies:

- L543 □ §418.56(b) Standard: Plan of care
- L629 □ §418.76(h) Standard: Supervision of hospice aides
- L545 □ §418.56(c) Standard: Content of the plan of care
- L530 □ §418.54(c)(6) □ Drug profile
- L555 □ §418.56(e)(2) □ Ensure that the care and services are provided in accordance with the plan of care
- L591 □ §418.64(b) Standard: Nursing services
- L552 □ §418.56(d) Standard: Review of the plan of care
- L596 □ §418.64(d) □ Counseling services
- L615 □ §418.76(c) Standard: Competency evaluation
- L523 □ §418.54(b) Standard: Timeframe for completion of the comprehensive assessment

**Can't-miss resource:** With those trouble spots in mind, advise SNFs to review CMS surveyor guidance available at: [www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/Downloads/Survey-and-Cert-Letter-13-44.pdf](http://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/Downloads/Survey-and-Cert-Letter-13-44.pdf).

#### Beware These Potential F-Tags

For nursing facilities, the F-tag of top concern will be F-309 (Quality of Care). CMS's latest interpretative guidance is available at

[www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/Downloads/Survey-and-Cert-Letter-12-48.pdf](http://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/Downloads/Survey-and-Cert-Letter-12-48.pdf).

Another F-tag likely to remain in play in assessing the care of residents receiving hospice is F353 (Sufficient Staff). Current guidance tells surveyors to determine whether the facility had qualified nursing staff in sufficient numbers to assure the resident was provided necessary care and services 24 hours a day, based upon the comprehensive assessment and care plan.

Depending on the level of hospice care provided, this could mean 24-hour on-site care by a registered nurse, with documentation of skilled care at the general inpatient (GIP) level.

**Tip:** Although the responsibility is not among those noted in the final rule, experts are advising facilities to inform residents electing hospice of the potential effect on their out-of-pocket expenses, says Terry Berthelot, senior attorney with the Center for Medicare Advocacy. You may want to work with your SNF partners to make sure the information they disseminate is accurate, experts suggest.