

Long-Term Care Survey Alert

Compliance: Check These Hospice Contracting Resources

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 hospices should consider the **Centers for Medicare & Medicaid Services'** (CMS) 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, review CMS surveyor guidance available at: 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.

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 hospice partners to make sure the information they disseminate is accurate, experts suggest.

Knowing Nursing Facility's Role

The hospice can help SNFs avoid survey trouble and confidently facilitate them by assisting them in learning their responsibilities under the rule, including administration of therapies and reporting alleged violations, including injuries, neglect, and abuse.

The buck stops with the SNF: Although the hospice must administer the hospice care plan, the LTC facility must ensure that the hospice care plan □ together with the facility's description of services □ are designed to help the facility "attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being," cautions the **American Medical Directors Association**.

The hospice that deals with you should be prepared to field questions about their service levels. A recent report from the HHS Office of General Inspector says that "the number of hospice providers that are not equipped to provide [higher general inpatient] level of care proved to be an area of concern," says attorney Howard J. Young with Morgan Lewis in Washington, D.C. Don't be shy of asking them to document up front their ability to provide all four levels of hospice care.