

## MDS Alert

### Compliance: Cover These Bases When Hospice Is on a Case

#### Do you have these documents in hospice patients' medical records?

When VITAS Healthcare Corporation provides care to hospice patients in a nursing home, it makes sure the nursing home has a copy of the hospice election form, says **Cherry Meier, RN, MSN**, a spokesperson for the organization in Flat Rock, N.C. The form "clearly states that the resident/patient and/or responsible party wants to have palliative rather than curative care," she observes. And "with the MDS 3.0 focusing on giving the resident a voice, the election form should provide guidance in determining appropriate goals/interventions," Meier adds.

Also: If the patient has an advance directive, "make sure it is in the chart so the nursing home knows what the patient wants," Meier advises. "Then the physician's six-month prognosis certification provides validation that palliative care is very appropriate given the person's stage of illness," she explains.

In addition, "now hospices are required to have a face-to-face encounter [between the patient] and the physician or nurse practitioner at 180 days," says Meier. "Documentation of those visits again supports that even if the person is living longer than anticipated, they are eligible for the benefit. We ensure those documents are in the chart and are signed appropriately. If they are not signed appropriately, the facility can't check on the MDS that the person has a six-month prognosis." (Code prognosis at J1400.)

Meier notes that the MDS 3.0 includes a question as to whether the resident is admitted to the nursing home from hospice or discharged from the nursing home to hospice (see page 125). "A third field is checked anytime the resident is receiving care from a licensed or certified hospice. That's why the [hospice] election form is so important to the MDS coordinator as they have proof in the chart and can check those boxes."

#### Coordinating the Care Plan

"The new rules for the MDS 3.0 make it mandatory for the nursing home to do a significant change assessment on admission or discharge from a hospice," Meier says. And "since a significant change triggers a comprehensive assessment and care plan ... our interdisciplinary team works to help the nursing facility team develop that care plan. That's how we coordinate the care plan right from the beginning of admission to hospice."

Tip: Meier notes that "the MDS 3.0 pain section and mood section are potential indicators that a resident may benefit from a referral to hospice. When residents talk about being depressed or better off dead or hopeless, etc. -- these are common themes in people who are dying."