POLICY

High Peaks Hospice (HPH) staff will screen all referred individuals to determine hospice services eligibility using guidelines from the Conditions of Participation (COPs) for Hospice Care and New York State Law. Individuals that do not meet the hospice services eligibility criteria will be referred to community services as appropriate.

PROCEDURES

1. Individuals and families who meet the following guidelines will be admitted to HPH care if:
   A. The individual has a progressive advanced illness with an approximate life expectancy of six months or less
   B. The individual and/or family have elected treatment goals directed toward relief of symptoms rather than cure of underlying illness.
   C. The individual resides within the geographic service area of HPH.
   D. The individual has a primary attending physician who agrees to the hospice philosophy and plan of care and is willing to sign the death certificate. The attending physician or designee must be available to HPH staff on a 24-hour basis. The attending physician can be a HPH Medical Director or Hospice Physician.

2. The HPH Medical Director and the individual’s attending physician thoroughly review and certify in writing the admitting diagnosis and prognosis.
   A. The final determination of hospice eligibility is the responsibility of the HPH Medical Director.
   B. The individual’s clinical record will contain complete documentation to support the certification made by the HPH Medical Director and/or attending physician.

3. The Patient Care Coordinator (PCC) or designee will arrange for the individual to be admitted to hospice care after approval by the HPH Medical Director, PCC, and HPH Social Worker.
4. The eligibility requirements for hospice services under the Medicare Hospice Benefit can be found in Clinical Policy “Determining Medicare Eligibility, CP218”.

5. HPH uses National Government Services (NGS) Guidelines to ascertain the eligibility for hospice services (See Clinical Policy “Certification of Hospice Eligibility”, CP205).

6. Documentation in support of the specific clinical factors that qualify an individual for hospice services is maintained in the individual's clinical record.

7. Documentation is maintained manually and electronically, appropriately organized in legible form, and available for audit and review.

8. The PCC or designee will meet with the individual and family to discuss hospice philosophy and services, including all provisions outlined in the “Admission and Care Consent” form.

9. The individual and, if the individual’s family is to participate, a responsible adult representative of the individual’s family signs the “Admission and Care Consent” form (informed consent agreement). If the patient is not capable of giving informed consent, written informed consent must be obtained from any individual who is legally authorized to give such consent on behalf of the patient.

10. Individuals who live alone and/or have no primary care person are eligible for hospice services provided they sign a “Live Alone Consent Form Addendum” that addresses the following:
   A. The individual is fully aware of his/her terminal prognosis and is agreeable to discuss and plan the provisions of needed care as the condition deteriorates.
   B. The individual is willing to work with HPH staff to designate an authorized representative to advocate for his/her expressed wishes when the individual is no longer able to do so by appointing a “Power of Attorney” and executing a “Health Care Proxy” within two weeks of admission.
   C. The individual will make arrangements for 24-hour access of HPH staff to their home.
   D. The individual is willing to work with HPH staff to coordinate necessary care and services to facilitate placement of custodial care when necessary. This may include the application of Medicaid and/or use of financial resources.
   E. If hospice care is no longer a safe option at home, the individual agrees to an inpatient facility or application to a nursing home or other residential facility.

LAST REVIEW DATE IDT 08/03/16, Clinical Comm 10/18/16

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