### PURPOSE

To establish standards and a process by which a patient can be evaluated and accepted for admission.

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### Policy

Patients will be accepted for care based on need for hospice services and on the reasonable expectation that their physical, social, psychological and spiritual needs can be met throughout the continuum of hospice services. Consideration will be given to the adequacy and suitability of hospice personnel, resources to provide the required services, and a reasonable expectation that the patient's hospice care needs can be adequately met in the patient's place of residence.

While patients are accepted for services based on their hospice care needs, the patient's ability to pay for such services, whether through state or federal assistance programs, private insurance, or personal assets is a factor that will be considered.

Together, the patient/family, medical director, attending physician and hospice interdisciplinary group (IDG) participate in determining the appropriateness to begin hospice care.

The patient's life-limiting illness and prognosis of six (6) months or less will be determined by utilizing standard clinical prognosis criteria developed by the fiscal intermediary’s Local Coverage Determinations (LCDs).

Ohio Living reserves the right not to accept any patient who does not meet the admission criteria. A patient may be referred to other resources if Ohio Living cannot meet his/her needs.

Once a patient is admitted to service, Ohio Living hospice will be responsible for providing care and services within its financial and service capabilities, mission, and applicable law and regulations.

### Admission Criteria

1. The patient must be under the care of a physician or may choose the Hospice Medical

Director as their attending physician. The patient's physician, if any, must order and approve the provision of hospice care, be willing to sign or have a representative who is willing to sign the death certificate and be willing to discuss the patient's resuscitation status with the patient and family/caregiver.

1. The patient should identify a family member/caregiver or legal representative who agrees to be a primary support care person when needed. Persons without such an identified individual and who are independent in their activities of daily living (ADLs) will require a **specific plan** to be developed during the comprehensive assessment with the social worker.
2. The patient must have a life-limiting illness with a life expectancy of six (6) months or less, as determined by the attending physician, if any, and Hospice Medical Director, utilizing standard clinical prognosis criteria developed by LCD. This will be obtained at the time of the admission.
3. The patient must desire hospice services and be aware of the terminal diagnosis and prognosis.
4. The focus of care desired must be palliative versus curative.
5. The patient and family/caregiver must:
	1. Agree with hospice care once they understand their choices of care and expected outcomes
	2. Agree to participate in the plan of care
	3. Sign the Notice of Admission Agreement form for hospice care after being given an explanation of informed consent
	4. Agree that patient care will be provided primarily in the patient’s residence, which could be his/her private home, a family member’s home, a skilled nursing facility, or other living arrangements.
6. The physical facilities and equipment in the patient's home must be adequate for safe and effective care.
7. The patient must reside within the geographical area that Ohio Living services.
8. Eligibility for participation will not be based on the patient's race, color, religion, age, gender, sexual orientation, disability (mental or physical), communicable disease, or place of national origin.
9. If applicable, the patient must meet the eligibility criteria for Medicare, Medicaid, or private insurance hospice benefit reimbursement.
10. Eligibility criteria will be continually reviewed on an ongoing basis by the interdisciplinary team to assure appropriateness of hospice care.

### PRocEDURE

1. Ohio Living will utilize referral information provided by family/caregiver, health care clinicians from acute care facilities, skilled or intermediate nursing facilities, other agencies, and physician offices in the determination of eligibility for admission to the program. If the request for service is not made by the patient's physician, he/she will be consulted prior to the evaluation visit/initiation of services.
2. Hospice personnel will conduct initial assessments for eligibility for services within the time frame requested by the referral source or based on the information regarding the patient's condition or as ordered by the physician.
3. If the time frame for the assessment cannot be met, the patient's physician and the referral source, as well as the patient, will be notified for approval of the delay.
	1. Such notification and approval will be documented.
	2. If approval is not obtained for the delay, the patient will be referred to another hospice for services.
4. A hospice team member will make an initial contact prior to the patient's hospital discharge, if possible or appropriate. The initial home visit will be made within the time frame requested by the referral source and according to organization policy, or as ordered by the physician. The purpose of the initial visit is to:
	1. Explain the hospice philosophy of palliative care with the patient and family/caregiver as unit of care.
	2. Explain the patient's rights and responsibilities and grievance procedure.
	3. Provide the patient with a copy of Ohio Living notice of privacy practices.
	4. Assess the family/caregiver’s ability to provide care.
	5. Evaluate physical facilities and equipment in the patient's home to determine if they are safe and effective for care in the home.
	6. Allow the patient and family/caregiver to ask questions and facilitate a decision for hospice services especially provided under the Medicare/Medicaid hospice benefit.
	7. Review appropriate forms and subsequently sign forms by patient and family/caregiver once agreement for the hospice program has been decided.
	8. Provide services as needed and ordered by physician and incorporate additional needs into the hospice plan of care.
	9. Provide the patient information about Advanced Directives
5. During the initial assessment visit, the admitting clinician will assess the patient's eligibility for hospice services according to the admission criteria and standard prognosis criteria to determine/confirm further:
	1. Level of services required and frequency criteria
	2. Eligibility (according to organization admission criteria)
	3. Source of payment
6. If eligibility criteria is met, the patient and family/caregiver will be provided with a hospice handbook and various educational materials providing sufficient information on:
	1. Nature and goals of care and/or service
	2. Hours during which care, or service are available.
	3. Access to care after hours
	4. Costs to be borne by the patient, if any.
	5. Hospice mission, objectives, and scope of care provided directly and those provided through contractual agreement
	6. Safety information
	7. Infection control information
	8. Emergency preparedness plans
	9. Available community resources
	10. Complaint/grievance process
	11. Advance Directives
	12. Availability of spiritual counseling in accordance with religious preference\
	13. Hospice personnel to be involved in care
	14. Mechanism for notifying the patient and family/caregiver of changes in care and any related liability for payment because of those changes
7. The hospice registered nurse will document that the above information has been furnished to the patient and family/caregiver and any information not understood by the patient and family/caregiver.
8. The patient and family/caregiver, after review, will be given the opportunity to either accept or refuse services.
9. The patient or his/her representative will sign the required forms indicating election of hospice care, receipt of patient rights and privacy information as well patient’s financial liability for Hospice care and associated costs.
	1. They will be offered an election statement addendum if there are conditions, items, services, and drugs that Ohio Living Hospice has determined to be unrelated to the individual’s terminal illness and related conditions and would not be covered. This addendum is available at any time during the patient’s hospice care.
	2. If addendum is requested within the first 5 days of the hospice election, hospice will provide this, in writing, within 5 days of the date of request.
	3. If the addendum is requested during the course of the patient’s hospice care, the addendum must be provided, in writing, within 3 days of the request.
10. The hospice registered nurse will assist the family in understanding changes in the patient’s status related to the progression of an end-stage disease.
11. The hospice registered nurse will educate the family in techniques for providing care.
12. The hospice registered nurse will contact the physician for clinical information in writing to certify patient for hospice care.
13. The hospice registered nurse will complete an initial assessment within 48 hours after the election of the hospice care (unless the physician, patient or representative requests that the initial assessment be completed in less than 48 hours.)
14. The hospice registered nurse will contact the interdisciplinary group for input into the plan of care, prior to the delivery of care.
15. If the patient is accepted for hospice care, a comprehensive assessment of the patient will be performed no later than 5 calendar days after the election of hospice care. A plan of care will be developed by the attending physician, if any, the Hospice Medical Director or physician designee, and the hospice team. The Plan of Care will be submitted to the attending physician for signature and Hospice Medical Director for signature. The patient’s wishes/desires will be considered and respected in the development of the plan of care.
16. The time frames will apply for weekends and holidays, as well as weekday admissions.
17. A clinical record will be initiated for each patient admitted for hospice services.
18. If a patient does not meet the admission criteria or cannot be cared for by Ohio Living, the Clinical Team Leader should be notified and appropriate referrals to other sources of care made on behalf of the patient.
19. The following individuals should be notified of non-admissions:
	1. Patient
	2. Physician
	3. Referral source (if not physician)
20. A record of non-admits will be kept for statistical purposes, with date of referral, date of assessment, patient name, services required, physician, reason for non-admit, referral to other hospice care facilities, etc.
21. When continued care to a patient contradicts the recommendations of an external or internal entity performing a utilization review, the Executive Director/Administrator will be notified. All care, service, and discharge decisions must be made in response to the care required by the patient, regardless of the external or internal organization’s recommendation. The patient and family/caregiver, as appropriate, and physician will be involved in deliberations about the denial of care or conflict about care decisions.