



New hospice care program rules effective January 23, 2020

January 22, 2020

House Bill 286, which became effective March 20, 2019, permits a hospice care program (HCP) with inpatient facilities or units to admit non-hospice palliative care patients (NHPCPs) to the inpatient hospice facility or unit for medically necessary care on a short-term basis. Ohio Department of Health (ODH) final rules, effective January 23, 2020, address this activity by establishing requirements for the admission of NHPCPs to HCP inpatient facilities and units. Final rule requirements for these providers include, but are not limited to, the following:

- Provide a written attestation to ODH that the HCP will ensure that at least 51 percent of all services will be provided to hospice patients and that the HCP will ensure the availability of inpatient care for hospice patients
- Provide written attestation to ODH by April 1, 2020, of the intent to admit NHPCPs
- Provide informed consent, acknowledging that the NHPCP has been given a full explanation of the palliative care nature of the care and that they may withdraw consent at any time
- Provide the NHPCPs with the scope and limitation of services
- Ensure ODH access to the facility, services and records of the NHPCPs
- Include the NHPCPs in the quality assessment and performance improvement (QA/PI) processes (records for NHPCPs may be maintained and reviewed separately from the HCP QA/PI program)
- Beginning January 30, 2021, report to ODH the findings of QA/PI program review and actions
- Notify ODH of intent to cease admission of NHPCPs within 30 days of discontinuance of service
- Provide personnel and volunteers who serve NHPCPs additional training on the philosophy of palliative care, goals of palliative care, and physiological and psychosocial issues associated with palliative care

- Review of all referrals for admission of NHPCPs by the medical director and ensure an assessment of the NHPCPs' medical and psychosocial needs is conducted to determine whether the patient's needs can be met
- Provide an interdisciplinary team to provide or supervise the provision of care with a registered nurse designated to coordinate each team
- Establish a plan of care for each NHPCP that is reviewed at least every 30 days with ongoing evaluation
- Ensure that the medical components of the plan of care are provided under the direction of a physician or designee
- Ensure that the plan of care is reviewed by the attending physician and the interdisciplinary team and document the date that the plan of care is sent to the attending physician
- Provide nursing care 24 hours per day, seven days per week

The rules also revise the definition of palliative care to mean specialized care for patients of any age with a serious or life-threatening illness that is provided at any stage of the illness by an interdisciplinary team, including those seeking to cure the illness, that aims to relieve symptoms of stress and suffering; improve the patient's quality of life; address the patient's physical, emotional, social and spiritual needs; and facilitate patient autonomy, access to information and medical decision-making.

Authors



Christine Kenney

Director of Regulatory Services,
INCompliance

Columbus

614.227.4865

ckenny@bricker.com