

FAQs¹ in Hospice

Provision of Care and Services

Question: What is meant by hospice services or hospice care?

Answer: The hospice philosophy emphasizes control of pain and the provision of services that enable a patient or client to remain at home as long as possible with minimal disruption to normal activities to the patient or the patient's family. An interdisciplinary approach is used to deliver, medical, social, psychological, emotional, and spiritual services through the use of a broad spectrum of professional and other caregivers, with the goal of making the patient as physically and emotionally comfortable as possible. Hospice care includes the provision of any other service specified in the patient's plan of care. The hospice program is responsible for furnishing *any and all* services indicated as necessary for the palliation and management of the terminal illness and related conditions.

As part of the care provided, counseling and respite services are available to the patient's family. Hospice program considers both the patient *and the family* as the unit of care.

Question: Are family members considered volunteers?

Answer: NO - as stated above, the hospice philosophy considers family members *part of* the unit of care. Therefore, family members are not considered volunteers and hospice providers should not expect or rely on family members to provide care or services to the patient. To do so, is a violation of law and regulation.

Question: Can an R.N. assist a family with disposal of controlled substances? (Revised 10/2013)

Answer: No; the hospice nurse cannot take possession of the patient's drugs for destruction but can assist the patient or patient's family, if the patient is deceased, in the destruction of the drugs. Guidance regarding destruction of prescription drugs by consumers is available under the "Drug Disposal" topic at this link http://www.dhp.virginia.gov/Pharmacy/news_consumer.htm. The family could also dispose of the drugs on a "drug take back" day. Additionally, eligible Schedule VI drugs could be taken to a collection site for donated drugs registered by the Virginia Board of Pharmacy to be used for re-dispensing to indigent patients. A list of collection sites is available at

¹ Frequently Asked Questions

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this link <http://www.dhp.virginia.gov/Pharmacy/donationsites.asp>

Medications kept in med rooms in medical facilities (i.e., nursing facilities and hospice facilities) must be disposed of according to standard procedures and cannot be disposed of using consumer drug take back options.

Disposal of all medications should be documented in the patient's record.

Question: Must volunteers be trained on the entire DMAS personal care curriculum? Can they be trained on an "as needed" basis?

Answer: NO - Providers need only assure that volunteers are trained on the tasks they are to provide to clients. YES - volunteers can be trained on an "as needed" basis. However, volunteers cannot be directed to perform tasks for which they have received no training.

Question: Is it necessary to use a DMAS approved training provider when using the DMAS Personal Care Aide Training Curriculum?

Answer: NO - it is not necessary to use a DMAS approved training provider to be in compliance with *state* licensure. We allow the use of the established curriculum as a convenience for providers of personal care services. However, providers receiving Medicaid reimbursement must be in compliance with DMAS requirements, including training providers.

Question: May volunteers assist a client with the activities of daily living (ADLs)?

Answer: YES - volunteers can assist with the ADLs. However, assisting with ADLs requires proper training. If volunteers need training, providers can use the DMAS Personal Care Aide Training, Curriculum, 2003 edition.

Question: May federal Veteran Administration doctors remain as a client's attending physician?

Answer: YES - § 54.1-2901 of the Code of Virginia covers physicians "in active service in the army, navy, coast guard, marine corps, air force, or public health service of the United States." Please refer to the definition of 'attending physician' in 12 VAC 5-391-10 of the regulation. However the program's Medical Director must be licensed as a physician in

Virginia.

Question: Must there be documentation in a client's record regarding a client's approval or denial for home visits by surveyors?

Answer: NO - However, many providers choose to utilize a home visit form as documentation. A home visit form has been developed for those providers that do not already have such a form. The form is available for downloading from the VDH web site. Use of the federal home visit form is also acceptable.

As a part of the admissions process, providers should inform new clients of their right to speak directly with a surveyor regarding the care received from the program. Clients can speak with surveyors at any time, and many will be interested in that opportunity during the program's biennial inspections. Providers should keep a list of those clients willing to speak with surveyors, then a provider need only confirm with the client to arrange for a surveyor visit. The client has the right to refuse a visit if it is not convenient at the time of the surveyor's visit. Clients should be assured that their acceptance or refusal to speak with a surveyor would *not* negatively impact the client's care.

Question: What is meant by "other counseling" services in the definition of "counseling services" contained in 12 VAC 5-391-10?

Answer: Counseling services continue to expand beyond the bereavement, dietary and spiritual services traditionally provided to hospice clients. Therefore, providing a definitive or exhaustive list of counseling services is not possible. However, providers are expected to offer the traditional counseling services. Whether a provider offers any of the "newer" counseling services, e.g., pet therapy or music therapy, is a business decision.

Question: May a Plan of Care (PoC) be electronic?

Answer: YES - The Center encourages all providers to become fully automated and that includes electronic record keeping for client records. However, providers must provide copies of any record requested by a surveyor, including access to any electronic record systems.

Question: How can a hospice provider verify that a nursing aide from another state is certified?

Answer: CMS has provided the certified nurse aide registry listing of all 50 states on its

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web site. A link to that listing is available on the VDH/hospice web site.

Indemnity Coverage

Question: What is "appropriate" indemnity coverage?

Answer: That is a business decision between the Provider and their business insurance company. The amounts given in 12 VAC 5-391-220 are baseline only. However, the insurance coverage is a necessity to assure the organization does not suffer financial ruin as a result unforeseen accidents or occurrences over which the organization has no control.

Question: Must contractors meet the same insurance requirements as the hospice provider?

Answer: Yes

Criminal Record Checks

Question: May a third party criminal records company be used to conduct the required criminal records check?

Answer: § 32.1-162.9:1 of the Code of Virginia requires a criminal history check of offenses committed only in Virginia and that such check be obtained provided *directly from* the Criminal Records Exchange of the Virginia State Police (VSP). The VSP has *not* contracted with any third party criminal record provider to provide the record checks required by Virginia law; nor are such entities sanctioned by the state police to provide such checks. In order to address the broad spectrum of providers required to utilize the central criminal records exchange, VSP has established three methods providers can use to obtain the necessary criminal records documentation: (i) the SP167 manual form, (ii) an on-line request system, and (iii) an accounts payable system. Information on all three systems is available on the VSP web site: www.vsp.virginia.gov.

A provider can use a third party criminal record company if they choose to check the background of potential employees from other states. However, the VDSP will also provide such checks for Virginia licensees at a lower cost than third party criminal record companies.

Question: What are the criminal record check requirements for using staffing agency

personnel?

Answer: The law requires that a criminal record check be conducted on *all* compensated employees. That includes any substitute staff from temporary staffing agencies. Please refer to 12 VAC 5-391-110 C. of the regulation.

Emergency Preparedness

Question: Are hospice providers required to discuss emergency preparedness with each patient and their family? Should such discussions be documented?

Answer: YES, patient services do not cease if there is an emergency or other disaster. All hospice providers *are required* to prepare for the continuation of services during emergencies or disasters by developing a plan that addresses the provision of services to clients will need assistance, including those residing in facilities. At a minimum, an emergency plan shall include: (i) basic information concerning the program; (ii) a description of program operations including policies, procedures, responsibilities and action taken before, during and after any emergency situation; (iii) information, training and exercise procedures for increasing employee and patient awareness of possible emergency situations and provide training to staff on their emergency roles, before, during and after an emergency; and (iv) any necessary supporting documentation. A guideline is being developed to assist hospice and home care providers with creating appropriate emergency preparedness plans.

Question: Are hospice providers responsible for generator expenses related to emergency preparedness?

Answer: NO.