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Local Service Category:	Hospice Services
Amount Available:	To be determined
Unit Cost	
Budget Requirements or Restrictions:	Maximum 10% of budget for Administrative Cost
Local Service Category Definition:	<p>Hospice services encompass palliative care for terminally ill clients and support services for clients and their families. Services are provided by a licensed nurse and/or physical therapist. Additionally, unlicensed personnel may deliver services under the delegation of a licensed nurse or physical therapist, to a client or a client's family as part of a coordinated program. A physician must certify that a patient is terminal, defined under Medicaid hospice regulations as having a life expectancy of 6 months or less.</p> <p>Counseling services provided in the context of hospice care must be consistent with the definition of mental health counseling. Palliative therapies must be consistent with those covered under respective State Medicaid Programs.</p>
Target Population (age, gender, geographic, race, ethnicity, etc.):	Individuals with AIDS residing in the Houston HIV Service Delivery (HSDA).
Services to be Provided:	<p>Services must include but are not limited to medical and nursing care, palliative care, psychosocial support and spiritual guidance for the patient, as well as a mechanism for bereavement referral for surviving family members. Counseling services provided in the context of hospice care must be consistent with the (Ryan White) definition of mental health counseling. Palliative therapies must be consistent with those covered under respective State Medicaid Program.</p> <p>Services NOT allowed under this category:</p> <ol style="list-style-type: none"> HIV medications under hospice care unless paid for by the client. Medical care for acute conditions or acute exacerbations of chronic conditions other than HIV for potentially Medicaid eligible residents.
Service Unit Definition(s):	A unit of service is defined as one (1) twenty-four (24) hour day of hospice services that includes a full range of physical and psychological support to HIV patients in the final stages of AIDS.
Financial Eligibility:	Income at or below 300% Federal Poverty Guidelines.
Client Eligibility:	Individuals with an AIDS diagnosis and certified by a physician as having a life expectancy of 6 months or less.
Agency Requirements:	<p>Provider must be licensed by the Texas Department of State Health Services as a hospital, special hospital, special care facility or Home and Community Support Services Agency with Hospice Designation.</p> <p>Provider must inform Administrative Agency regarding issue of long term care facilities denying admission for HIV positive clients based on inability to provide appropriate level of skilled nursing care.</p>
Staff Requirements:	<ol style="list-style-type: none"> Services must be provided by a medically directed interdisciplinary team, qualified in treating individual requiring hospice services. Staff will document an attempt has been made to place Medicaid/Medicare eligible clients in another facility prior to

	<p>admission.</p> <p>c) Staff will refer Medicaid/Medicare eligible clients to a Hospice Provider for medical, support, and palliative care.</p>
Special Requirements:	<p>These services must be:</p> <p>a) Available 24 hours a day, seven days a week, during the last stages of illness, during death, and during bereavement;</p> <p>b) Provided by a medically directed interdisciplinary team;</p> <p>c) Provided in nursing home, residential unit, or inpatient unit according to need. These services do not include inpatient care normally provided in a licensed hospital to a terminally ill person who has not elected to be a hospice client.</p> <p>d) Residents seeking care for hospice at Agency must first seek care from other facilities and denial must be documented in the resident's chart.</p> <p>Must comply with the Houston EMA/HSDA Standards of Care.</p>

FY 2015 RWPC “How to Best Meet the Need” Decision Process

Step in Process: Council		Date: 06/12/14
Recommendations:	Approved: Y _____ No: _____ Approved With Changes: _____	If approved with changes list changes below:
1.		
2.		
3.		
Step in Process: Steering Committee		Date: 06/05/14
Recommendations:	Approved: Y _____ No: _____ Approved With Changes: _____	If approved with changes list changes below:
1.		
2.		
3.		
Step in Process: Quality Assurance Committee		Date: 05/14/14
Recommendations:	Approved: Y _____ No: _____ Approved With Changes: _____	If approved with changes list changes below:
1.		
2.		
3.		
Step in Process: HTBMTN Workgroup		Date: 04/08/14
Recommendations:	Financial Eligibility:	
1.		
2.		
3.		

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Who Pays For Hospice Care In Texas?

September 3, 2013 3:57 PM

Related Tags: [Dallas Hospice](#), [Ft. Worth Hospice](#), [Hospice Care](#), [Hospice Costs](#), [Hospice Payment](#)

Here in the Metroplex, all hospice care is reimbursed in the same way, so hospice does not compete on cost. It is the quality of service and variety of choices that differentiate one hospice from another.

Hospice care is paid for in a variety of ways. These are the most common types of coverage:

Medicare—If a person is terminally ill and is a Medicare beneficiary using a Medicare-certified hospice provider, 100 percent of hospice services are covered. In 2011, 84.1 percent of hospice patients were covered by the Medicare hospice benefit. Hospice payments are separate from Medicare payments for other illnesses, diseases or care the patient may be receiving.

Medicaid—In Texas, Medicaid covers hospice. Nearly all states and the District of Columbia offer 100 percent hospice coverage under Medicaid. In general, Medicaid hospice benefits parallel the Medicare benefit, although there may be some variations in certain states. The hospice care you choose will know Texas state regulations.

Private insurance—Most insurance plans issued by employers and many managed care plans offer a hospice benefit. In most cases, the coverage is similar to the Medicare benefit, although there may be some variations. Review your hospice coverage details or ask your insurance representative.

TRICARE—TRICARE is the health benefit program for military personnel and retirees. Hospice is a fully covered benefit under TRICARE. Only Medicare-certified hospices can provide the TRICARE hospice benefit, so it is important for patients and their families to choose a qualified hospice agency.

Private pay—If insurance coverage is unavailable or insufficient, hospice patients and their families can discuss private pay and payment plans. The hospice care you choose can outline your payment options.

Charitable care—Hospices have a financial specialist on staff to answer questions about financial assistance and any Dallas/Ft. Worth resources that may be available. There is no need to defer hospice care due to financial concerns.

(Provided by VITAS Innovative Hospice Care of Dallas and Ft. Worth. Go to VITAS.com/Texas.)



HOSPICE SERVICES
2013 CHART REVIEW

PREFACE

DSHS Monitoring Requirements

The Texas Department of State Health Services (DSHS) contracts with The Houston Regional HIV/AIDS Resource Group, Inc. (TRG) to ensure that Ryan White Part B and State of Texas HIV Services funding is utilized to provide in accordance to negotiated Priorities and Allocations for the designated Health Service Delivery Area (HSDA). In Houston, the HSDA is a ten-county area including the following counties: Austin, Chambers, Colorado, Fort Bend, Harris, Liberty, Montgomery, Walker, Waller, and Wharton. As part of its General Provisions for Grant Agreements, DSHS also requires that TRG ensures that all Subgrantees comply with statutes and rules, perform client financial assessments, and delivery service in a manner consistent with established protocols and standards.

As part of those requirements, TRG is required to perform annual quality compliance reviews on all Subgrantees. Quality Compliance Reviews focus on issues of administrative, clinical, consumer involvement, data management, fiscal, programmatic and quality management nature. Administrative review examines Subgrantee operating systems including, but not limited to, non-discrimination, personnel management and Board of Directors. Clinical review includes review of clinical service provision in the framework of established protocols, procedures, standards and guidelines. Consumer involvement review examines the Subgrantee's frame work for gather client feedback and resolving client problems. Data management review examines the Subgrantee's collection of required data elements, service encounter data, and supporting documentation. Fiscal review examines the documentation to support billed units as well as the Subgrantee's fiscal management and control systems. Programmatic review examines non-clinical service provision in the framework of established protocols, procedures, standards and guidelines. Quality management review ensures that each Subgrantee has systems in place to address the mandate for a continuous quality management program.

QM Component of Monitoring

As a result of quality compliance reviews, the Subgrantee receives a list of findings that must be address. The Subgrantee is required to submit an improvement plan to bring the area of the finding into compliance. This plan is monitored as part of the Subgrantee's overall quality management monitoring. Additional follow-up reviews may occur (depending on the nature of the finding) to ensure that the improvement plan is being effectively implemented.

Scope of Funding

TRG contracts one Subgrantee to provide hospice services in the Houston HSDA.

INTRODUCTION

Description of Service

Hospice services encompass palliative care for terminally ill clients and support services for clients and their families. Services are provided by a licensed nurse and/or physical therapist. Additionally, unlicensed personnel may deliver services under the delegation of a licensed nurse or physical therapist, to a client or a client's family as part of a coordinated program. A physician must certify that a patient is terminal, defined under Medicaid hospice regulations as having a life expectancy of 6 months or less.

Counseling services provided in the context of hospice care must be consistent with the definition of mental health counseling. Palliative therapies must be consistent with those covered under respective State Medicaid Programs.

Tool Development

The TRG Hospice Review tool is based upon the established local and DSHS standards of care.

Chart Review Process

All charts were reviewed by Bachelors-degree registered nurse experienced in treatment, management, and clinical operations in HIV of over 10 years. The collected data for each site was recorded directly into a preformatted computerized database. The data collected during this process is to be used for service improvement.

File Sample Selection Process

File sample was selected from a provider population of 48 who accessed case management services between 1/1/1513 – 12/31/1513. The records of 20 clients were reviewed, representing 42% of the unduplicated population. The demographic makeup of the provider was used as a key to file sample pull.

Report Structure

A categorical reporting structure was used. The report is as follows:

- Consents
- Admission Orders
- Standing Orders
- Medication Administration
- Care Plan
- Multidisciplinary Team Meetings
- Homelessness
- Substance Abuse assessment
- Psychiatric Assessment
- Pain Assessment and treatment
- Support Systems

FINDINGS**ADMISSION ORDERS**

Percentage of HIV-positive client records that have admission orders

	Yes	No	N/A
Number of client records that showed evidence of an admission order document.	20	0	-
Number of HIV-infected clients in hospice services that were reviewed.	20	20	-
Rate	100%	0.0%	-

SYMPTOM MANAGEMENT ORDERS

Percentage of HIV-positive client records that have symptom management orders

	Yes	No	N/A
Number of client records that showed evidence of symptom management orders.	20	0	-
Number of HIV-infected clients in hospice services that were reviewed.	20	20	-
Rate	100%	0.0%	-

MEDICATION ADMINISTRATION

Percentage of HIV-positive client records that have medication administration record

	Yes	No	N/A
Number of client records that showed evidence of medication administration.	20	0	-
Number of HIV-infected clients in hospice services that were reviewed.	20	20	-
Rate	100%	0.0%	-

CARE PLAN

Percentage of HIV-positive client records that have a completed initial plan of care

	Yes	No	N/A
Number of client records that showed evidence of completed initial plan of care.	20	0	-
Number of HIV-infected clients in hospice services that were reviewed.	20	20	-
Rate	100%	0.0%	-

WEEKLY IDT MEETING

Percentage of HIV-positive client records that showed weekly updates to the Interdisciplinary Team (IDT) care plan

	Yes	No	N/A
Number of client records that showed evidence of weekly updates to the IDT.	20	0	-
Number of HIV-infected clients in hospice	20	20	-

services that were reviewed.			
Rate	100%	0.0%	-

HOMELESSNESS

Percentage of HIV-positive client records that show the client was homeless on admission

	Yes	No	N/A
Number of client records that showed evidence of documentation that the client was homeless on admission.	2	18	-
Number of HIV-infected clients in hospice services that were reviewed.	20	20	-
Rate	10%	90%	-

SUBSTANCE ABUSE

Percentage of HIV-positive client records that showed the client had active substance abuse on admission.

	Yes	No	N/A
Number of client records that showed evidence of active substance abuse on admission.	5	15	-
Number of HIV-infected clients in hospice services that were reviewed.	20	20	-
Rate	25%	75%	-

PSYCHIATRIC ILLNESS

Percentage of HIV-positive client records that showed the client had active psychiatric illness on admission (excluding depression).

	Yes	No	N/A
Number of client records that showed evidence of active psychiatric illness (excluding depression).	7	13	-
Number of HIV-infected clients in hospice services that were reviewed.	20	20	-
Rate	35%	65%	-

PAIN ASSESSMENT

Percentage of HIV-positive client records that showed assessment for pain at each shift

	Yes	No	N/A
Number of client records that showed evidence of a pain assessment at each shift.	20	0	-
Number of HIV-infected clients in hospice services that were reviewed.	20	20	-
Rate	100.0%	80.0%	-

FAMILY SUPPORT

Percentage of HIV-positive client records that showed end of life support services were given to the family.

	Yes	No	N/A
Number of client records that showed evidence of support services being offered to the family.	16	0	4
Number of HIV-infected clients in hospice services that were reviewed.	16	20	20
Rate	100%	0.0%	20%

Conclusion

2013 shows Hospice Care remains at a very high standard. Six out of the six data elements were scored at 100%. Ten percent (2) of records reviewed indicated that the client was homeless. This is a decrease from 27% in 2012. Twenty-five percent (5) of records reviewed showed evidence that the client had active substance abuse. Thirty-five (7) of records reviewed showed evidence of active psychiatric illness.