Hospice Services
Service Standard

HRSA Definition: Hospice Services are end-of-life care services provided to clients in the terminal stage of an HIV-related illness. Allowable services are:
- Mental health counseling;
- Nursing care;
- Palliative therapeutics;
- Physician services; and
- Room and board.

Limitations: Ryan White Part B/State Service funds may not be used for funeral, burial, cremation, or related expenses. Funds may not be used for nutritional services, durable medical equipment and medical supplies or case management services. Services cannot be provided in skilled nursing facilities or nursing homes.

Services: Hospice services must have physician certification of the patient’s terminally ill status as defined by Texas Medicaid documented in the primary client record.

Program Guidance: Services may be provided in a home or other residential setting, including a non-acute care section of a hospital that has been designated and staffed to provide hospice services. This service category does not extend to skilled nursing facilities or nursing homes.

To meet the need for hospice services, a physician must certify that a patient is terminally ill and has a defined life expectancy as established by the state of Texas. 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 Texas Medicaid.
**Service Standard and Performance Measure**

The following Standards and Performance Measures are guides to improving healthcare outcomes for PLWH throughout the State of Texas within the Ryan White Part B and State Services Program.

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<th>Standard</th>
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<td><strong>Physician Certification for Hospice Services:</strong> The attending physician must certify that a client is terminal, defined under Texas Medicaid hospice regulations as having a life expectancy of six (6) months or less. The certification must specify that the individual's prognosis is for a life expectancy of six (6) months or less if the terminal illness runs its normal course. The certification statement must be based on record review or consultation with the referring physician. The referring physician must provide orders verbally and in writing to the Hospice provider prior to the initiation of care and act as that patient’s primary care physician. Physician orders are transcribed and noted by the attending nurse.</td>
<td>Percentage of clients receiving Hospice services with attending physician certification of client’s terminal illness documented in the client’s primary record. Percentage of clients receiving Hospice care with documentation in the primary record of all physician orders for initiation of care.</td>
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| Health Assessment: A comprehensive health assessment is completed for each client within 48 hours of admission.  
  • Identifies the patient’s need for hospice services in the areas of medical, nursing, social, emotional, and spiritual care. Hospice provider documents each client’s scheduled medications, including dosage and frequency.  
  • HIV medications may be prescribed if discontinuance would result in adverse physical or psychological effects.  
  • Hospice provider documents needed (PRN) medications for clients and includes client’s name, dose, route, reason, and outcome. | Percentage of clients in Hospice care with a documented comprehensive health assessment completed within 48 hours of admission in the client’s primary record. Percentage of clients in Hospice care with documentation of all scheduled and PRN medications, including dosage and frequency, noted in the client’s primary record. |
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<th>Implementation of Care Plan:</th>
<th>A written care plan based on the provider’s orders is completed for each client within seven (7) calendar days of admission and reviewed monthly.</th>
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<td>Percentage of clients in Hospice care with a written care plan based on physician’s orders completed within seven calendar days of admission documented in the client’s primary record.</td>
<td>Percentage of clients in Hospice care with documented evidence of monthly care plan reviews completed in the client’s primary record.</td>
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<td>Palliative Therapy:</td>
<td>Palliative therapy must be documented in the written plan of care with changes communicated to the referring provider. Palliative therapy is care designed to relieve or reduce intensity of uncomfortable symptoms but not to produce a cure.</td>
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<td>Percentage of clients in Hospice care with a written care plan that documents palliative therapy as ordered by the referring provider documented in the client’s primary record.</td>
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**Provision of Bereavement Counseling Services for Hospice:** The need for bereavement counseling services for family members must be consistent with the definition of mental health counseling.

Bereavement counseling means emotional, psychosocial, and spiritual support and services provided before and after the death of the patient to assist with issues related to grief, loss, and adjustment.

A hospice must have an organized program for the provision of bereavement services furnished under the supervision of a qualified professional with experience or education in grief or loss counseling. A hospice must:

- Develop a bereavement plan of care that notes the kind of bereavement services to be offered to the patient's family and other persons and the frequency of service delivery;
- Hospice providers must make bereavement services available to a patient's family and other persons in the bereavement plan of care;
- Ensure that bereavement services reflect the needs of the bereaved.

**Although Texas Medicaid can pay for bereavement counseling for family members for up to a year after the patient’s death and can be offered in a skilled nursing facility or nursing home, Ryan White funding CANNOT pay for these services per legislation.**

**Provision of Dietary Counseling for Hospice:** Dietary counseling means education and interventions provided to a patient and family regarding appropriate nutritional intake as a hospice patient's condition progresses.

Dietary counseling, when identified in the plan of care, must be performed by a qualified person.

- A qualified person includes a dietitian, nutritionist, or registered nurse.

Percentage of clients accessing Hospice care with documented evidence of bereavement counseling offered to family members upon admission to Hospice services in the client’s primary record.

Percentage of clients in Hospice care with documented evidence of dietary counseling provided, when identified in the written care plan, in the client’s primary record.
**Provision of Spiritual Counseling for Hospice:** A hospice must provide spiritual counseling that meets the patient's spiritual needs in accordance with their acceptance of this service and in a manner consistent with their beliefs and desires. A hospice must:

- Provide an assessment of the client's spiritual needs;
- Make all reasonable efforts to the best of the hospice's ability to facilitate visits by local clergy, a pastoral counselor, or other persons who can support a client's spiritual needs; and advise the client of the availability of spiritual counseling services.

Percentage of clients in Hospice care that are offered spiritual counseling, as appropriate, documented in the written care plan in the client’s primary record.

**Provision of Mental Health Counseling for Hospice:** Mental health counseling should be solution focused; outcomes oriented and have a time limited set of activities for the purpose of achieving goals identified in the patient’s individual treatment plan.

Mental Health Counseling is to be provided by a licensed Mental Health professional (see Mental Health Service Standard and Universal Standards for qualifications):

- The patient's needs as identified in the patient's psychosocial assessment
- The patient's acceptance of these services

Percentage of clients in Hospice care with documented evidence of mental health counseling offered, as medically indicated, in the client’s primary record.

**Allowable Reasons for Refusal of Hospice Referral:** The hospice provider may elect to refuse a referral for reasons which include, but are not limited to, the following:

- There are no beds available
- Level of patient’s acuity and staffing limitations
- Patient is aggressive and a danger to the staff
- Patient is a ‘no show’

Percentage of clients with documented evidence in the primary record of all refusals of attending physician referrals by hospice providers with evidence indicating an allowable reason for the refusal.
**Discharge:** An individual is deemed no longer to be in need of hospice services if one or more of these criteria is met:

- Patient expires
- Patient’s medical condition improves and hospice care is no longer necessary based on attending physician’s plan of care and a referral to Medical Case Management or OAHS must be documented
- Patient elects to be discharged
- Patient is discharged for cause
- Patient is transferred out of provider’s facility

| Percentage of clients in Hospice care with documented evidence of discharge status in the client’s primary record. |  |
References

HRSA/HAB Division of Metropolitan HIV/AIDS Programs Program Monitoring Standards – Part A April 2013, p. 16-18.


Texas Administrative code Title 40; Part 1; Chapter 97, Subchapter H Standards Specific to Agencies Licensed to Provide Hospice Services located at: https://hhs.texas.gov/laws-regulations/handbooks/texas-medicaid-hospice-program-standards-handbook/mhps-title-40-texas-administrative-code-chapter-30

Texas Department of Aging and Disability Services Texas Medicaid Hospice Program Standards Handbook. Located at http://hhs.texas.gov/laws-regulations/handbooks/texas-medicaid-hospice-program-standards-handbook

HRSA Policy Notice 16-02: Eligible Individuals & Allowable Uses of Funds, June 2017. Located at: https://hab.hrsa.gov/program-grants-management/policy-notices-and-program-letters