



Hospice Services Service Standard

Texas Department of State Health Services, HIV Care Services Group – [HIV/STD Program](#)

Subcategories	Service Units
Hospice Care—Facility-Based	Per day
Hospice Care—Home	Per visit
Hospice Services	Per payment

Health Resources and Services Administration (HRSA)

Description:

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
- Room and board

Program Guidance:

Agencies may provide services in a home or other residential setting, including a nonacute care section of a hospital designated and staffed to provide hospice services. This service category does not extend to skilled nursing facilities or nursing homes.

To provide hospice services, a physician must certify that a client is terminally ill and has a defined life expectancy of six months or less if the terminal illness runs its normal course. The certifying physician must have appropriate and valid Texas licensure. 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.

Limitations:

Ryan White Part B and State Services cannot fund hospice services in a skilled nursing facility or nursing home.

Agencies may not use Ryan White Part B and State Service funds for funeral, burial, cremation, or related expenses. Agencies may not use Hospice Services funds for nutritional services, durable medical equipment, medical supplies, or case management services.

Universal Standards:

Service providers for Hospice Services must follow [HRSA and DSHS Universal Standards](#) 1-63 and 105-110.

Service Standards and Measures:

The following standards and measures are guides to improving healthcare outcomes for people living with HIV throughout the State of Texas within the Ryan White Part B and State Services Program.

Standard	Measure
Physician Certification: The attending physician must certify that a client is terminally ill, defined under Texas Medicaid hospice regulations as having a medical prognosis of 6 months or less to live if the illness runs its normal course. The certification statement must include information from a record review or consultation with the referring physician. The attending hospice physician or the client's primary care provider may give orders for client care, including medications and other palliative therapies.	1. Percentage of clients with an attending physician's certification of terminal illness in the client's primary record. 2. Percentage of clients with documentation of physician orders for initiation of care.
Health Assessment: Staff must complete a comprehensive health assessment for each client within 48 hours of admission that identifies the client's needs for medical, nursing, social, emotional, and spiritual care.	3. Percentage of clients with a comprehensive health assessment completed within 48 hours of admission.
Care Planning: Agencies must complete a care plan for each client based on the provider's orders within seven calendar days of admission and review plans at least monthly. The hospice provider must maintain a complete medication list for all clients, including scheduled and as-needed medications. Providers may prescribe HIV medications if discontinuance would result in adverse physical or psychological effects.	4. Percentage of clients with a care plan completed within seven calendar days of admission. 5. Percentage of clients with documentation of monthly care plan reviews. 6. Percentage of clients with a complete medication list in the client's primary record.

Bereavement Counseling: Hospice providers must have an organized program for providing bereavement services under the supervision of a qualified professional with experience or education in grief or loss counseling. Agencies must offer bereavement services to the client's family and loved ones, and these services should reflect the needs of the bereaved. Hospice staff must develop a bereavement plan of care that notes the kind of bereavement services to be offered to the client's loved ones and the frequency of service delivery.	7. Percentage of clients with documentation of bereavement counseling offered to the family upon admission to hospice services.
Dietary Counseling: Agencies should provide dietary education and interventions as needed, which may include counseling for clients and family members regarding appropriate nutritional intake as the client's condition progresses. A licensed dietician or registered nurse must perform dietary counseling.	8. Percentage of clients with documentation of dietary counseling provided when a need is identified in the care plan.
Spiritual Counseling: Hospice service providers must offer spiritual counseling that meets the client's needs for spiritual support. Spiritual counseling staff should: • Advise the client of the availability of spiritual counseling services. • Assess the client's spiritual needs. • Make all reasonable efforts to facilitate visits by local clergy, a pastoral counselor, or other persons who can support a client's spiritual needs.	9. Percentage of clients with documentation that spiritual counseling was offered.

Mental Health Counseling: Agencies must offer mental health counseling to clients who demonstrate a need or who request these services. Care should be solution-focused, outcomes-oriented, and have a time-limited set of activities to achieve goals identified in the client's treatment plan. A licensed mental health professional must provide mental health counseling services (see Mental Health Service Standard and Universal Standards for qualifications).	10. Percentage of clients with documentation that mental health counseling was offered, as medically indicated.
Discharge: A client is no longer in need of hospice services if one or more of these criteria is met: • The client dies. • The client's medical condition improves and hospice care is no longer necessary. The agency must refer the client to Medical Case Management or Outpatient/Ambulatory Health Services as appropriate. • The client elects to be discharged. • The client is discharged for cause. • The client is transferred out of the provider's facility. Staff must complete a discharge note for each client discharged from services, regardless of the cause.	11. Percentage of clients with discharge notes, as applicable. (Pilot Measure 2025-2026)

References:

Division of Metropolitan HIV/AIDS Programs, HIV/AIDS Bureau (HAB). [Ryan White HIV/AIDS Program \(RWHAP\) National Monitoring Standards for RWHAP Part A Recipients](#). Health Resources and Services Administration, June 2022.

Division of State HIV/AIDS Programs, HIV/AIDS Bureau (HAB). [Ryan White HIV/AIDS Program \(RWHAP\) National Monitoring Standards for RWHAP Part B Recipients](#). Health Resources and Services Administration, June 2022.

Ryan White HIV/AIDS Program. [Policy Notice 16-02: Eligible Individuals & Allowable Uses of Funds](#). Health Resources & Services Administration, October 22, 2018.

Texas Administrative Code, Title 26 Health and Human Services, Part 1 Health and Human Services Commission, Chapter 266 Medicaid Hospice Program, Subchapter B Utilization Review, Rule §266.203 Certification of Terminal Illness.
[texreg.sos.state.tx.us/public/readtac\\$ext.TacPage?sl=R&app=9&p_dir=&p_rloc=&p_tloc=&p_ploc=&pg=1&p_tac=&ti=26&pt=1&ch=266&rl=203](http://texreg.sos.state.tx.us/public/readtac$ext.TacPage?sl=R&app=9&p_dir=&p_rloc=&p_tloc=&p_ploc=&pg=1&p_tac=&ti=26&pt=1&ch=266&rl=203)