

Best Practices Task Force for Hospice Services in Assisted Living

September 2, 2004 9:30 am

In Attendance:

Carol Kehoe, Hospice of New Mexico 872-2300
Lynette Wallner, Zia Hospice 830-2978
Lori Liebman, Heartland Hospice 323-1464
Karen Watters, Odyssey Hospice 884-8895
Angela Teertstra, AmberCare Hospice 244-0046
Janet Rios, Vista Care Hospice
April Gonzales, Vista Care Hospice
Suzette Lindemuth, President ALSO, Senior Living Systems, 249-1682
Joie Glenn, Executive Director Home Health Care and Hospice
Association

Areas of discussion:

Understanding of the State regulations that govern the delivery of services for Hospice Agencies and Adult Residential Care Facilities, copies of the regulations should be reviewed by each entity. Suzette and Lynette will review each set to determine which sections are most relevant for agencies to understand. The direct web page for accessing those regulations will be part of protocol.

Understanding Adult Residential Care Facilities' Program Narratives. The program narrative is a State requirement that describes each programs population base and level of care provided. The program narrative can trigger mandatory reporting requirements if the level of care exceeds what the program normally provides. This must be understood by the consumer, the Hospice Agency and the Administrator of the facility. Suzette will bring samples of Program Narratives to the next meeting.

Development of individual service plan for Hospice services. As part of regulations, changes in level of care would require an update to the ISP of the client. Hospice services should automatically trigger a team meeting that would ensure a care plan that would identify following issues:

1. Staffing levels – specifically night time coverage
2. Level of care provided by the facility and additional charges that might be incurred by the client
3. When the level of care might trigger a change in placement
4. Medication assistance – understanding of the facilities protocol for medication assistance and the Hospice agencies protocols for medication management, specifically delivery of pain medications
5. Responsibilities of the agency and the facility (beyond what the current services being provided are)

The team meeting was identified as the critical part of protocol that would ensure quality care and an understanding of responsibility. The team would consist of those members identified in the State regulations section regarding exemptions in the event the level of care triggered reporting requirements to the State. It was also recommended that the care plan could have an agreement clause that would grant the Hospice agency permission to provide services within the facility rather than separate contracts for each facility. This could be similar to the language used in nursing homes for individuals that use a specific Hospice agency. Suzette will bring a copy of a Hospice care plan and examples of assessment forms that are required in adult residential care facilities.

Discussion: Ensuring that consumers understand at admission to an adult residential care facility how changes in level of care can trigger rate increases and potential discharge from a facility if the level of care exceeds the ability of the program. This should be part of the admission agreement.

Discussion: educating agencies and facilities on protocols, including the regulations. Joie Glenn discussed the potential uses of the web, phone conferences, training at annual meetings and how to disseminate the protocols through both associations to ensure that the protocols are implemented.

These topics were identified as potential protocols for the delivery of Hospice services in adult residential care facilities providing assisted living.

Next meeting of Task Force October 7, 2004 4pm
Zia Hospice, 4141v Montgomery NE, Albuquerque, NM