DC | HEALTH
GOVERNMENT OF THE DISTRICT OF COLUMBIA

HIV/AIDS, Hepatitis, STD and TB Administration (HAHSTA)

# Hospice Care Services

The purpose of these service standards is to outline the elements and expectations all Ryan White service providers are to follow when implementing a specific service category. Service Standards define the minimal acceptable levels of quality in service delivery and to ensure that a uniformity of service exists in the Washington, DC Eligible Metropolitan Area (EMA) such that customers of this service category receive the same quality of service regardless of where or by whom the service is provided. Service Standards are essential in defining and ensuring that consistent quality care is offered to all customers and will be used as contract requirements, in program monitoring, and in quality management.

## I. SERVICE CATEGORY DEFINITION

Hospice Care is the provision of end-of-life care services provided to customers in the terminal stage of an HIV-related illness. Allowable services are:

- Mental health counseling
- Nursing care
- Palliative therapeutics
- Physician services
- Room and board

## II. INTAKE AND ELIGIBILITY

The Ryan White HIV/AIDS Program has the following eligibility criteria: residency, financial, and medical. HRSA requires Ryan White customers to maintain proof of eligibility annually. Supporting documentation is required to demonstrate customer eligibility for Ryan White Services.

### A. INITIAL ELIGIBILITY DETERMINATION

1. **HIV-positive status:** written documentation from a medical provider or laboratory reports denoting viral load.

2. **Residency:** The following are acceptable methods of meeting the burden for residency:

    - Current lease or mortgage statement
    - Deed settlement agreement
    - Current driver's license
    - Current voter registration card
    - Current notice of decision from Medicaid
    - Fuel/utility bill (past 90 days)
    - Property tax bill or statement (past 60 days)

- Rent receipt (past 90 days)
- Pay stubs or bank statement with the name and address of the customer (past 30 days)
- Letter from another government agency addressed to customer
- Active (unexpired) homeowner's or renter's insurance policy
- DC Healthcare Alliance Proof of DC Residency form
- If homeless, a written statement from case manager, facility, or a letter from landlord that customer is a resident

1. **Income:** Customer income may not exceed 500% of the Federal Poverty Level (FPL). Income sources should be reported by the customer and any household members for whom customers have legal responsibility. For each income source, the customer must indicate the gross amount, how often the income is received, and whether it is the customer's income or a household member's from each source.

   The following are acceptable forms of proof of income:

   - Pay stubs for the past 30 days. The pay stub must show the year-to-date earnings, hours worked, all deductions, and the dates covered by the paystub
   - A letter from the employer showing gross pay for the past 30 days, along with a copy of the most recent income tax return
   - Business records for 3 months prior to application, indicating type of business, gross income, net income, and most recent year's individual income tax return. A statement from the customer projecting current annual income must be included
   - Copy of the tenant's lease showing customer as the landlord and a copy of their most recent income tax return
   - SSD/SSI award letters, unemployment checks, social security checks, pension checks, etc. from the past 30 days
   - Zero income attestation form and/or a letter from a supporting friend or family member stating how they support the customer

## B. INTAKE

To establish a care relationship, the customer intake must include the collection of the following demographic information:

1. Date of intake
2. Name and signature of person completing intake
3. Customer name, address, and phone number
4. Referral source, if appropriate
5. Language(s) spoken and/or preferred language of communication
6. Literacy level (customer self-report)
7. Emergency contact information
8. Communication method to be used for follow-up
9. Demographics (sex at birth/current gender/date of birth/race/ethnic origin)
10. Veteran status
11. Any other data required for the CAREWare system
12. Any other service-specific data
13. Documented explanation about the services available within the provider agency and within the Ryan White Program

## C. MAINTENANCE OF ELIGIBILITY

To maintain eligibility for Ryan White services, providers must conduct annual eligibility confirmations to assess if the customer's income and/or residency status has changed. RWHAP providers are permitted to accept a

customer's self-attestation of "no change" when confirming eligibility, however, self-attestation could be used every other annual confirmation and not be used in two consecutive years.

## III. KEY SERVICE COMPONENTS & ACTIVITIES

| ASSESSMENT/SERVICE PLAN/PROVISION OF SERVICES | |
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| **Standard** | **Measure** |
| Hospice Care providers must:<br>• Conduct an initial customer intake and assessment for every new admission<br>• Complete an individualized care plan for each customer within seven (7) calendar days of admission<br>• Initiate Hospice Care services within 24 hours, or at the nearest possible timeline, of receipt of the medical provider's referral, unless otherwise specified<br>• Deliver services in accordance with an individualized care plan<br>• Maintain ongoing communication with the customer's medical provider and case manager<br><br>Hospice Care may be used to purchase medical appliances and supplies, including drugs and biologicals.<br><br>Hospice Care 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. | Documentation in the customer's record of:<br>• Provider's certification of the customer's terminal illness as defined under Medicaid hospice regulations<br>• Provider's order to initiate hospice care<br>• Intake and assessment<br>• An individualized nursing plan, indicating:<br>a. Hospice Care goals and services to be provided<br>b. The roles and responsibilities of the Hospice Care staff<br>c. Scheduled medications, including dosage and frequency<br>d. Activities conducted and the dates<br>e. Signature of the professional who provided each service<br>• Dates and topics of communication with the customer's medical provider and case manager<br>• The location of Hospice Care service delivery, indicating that services have been provided only in a home, other residential setting, or a non-acute care section of a hospital designated and staffed as a hospice setting |
| Dietary counseling must be performed by a qualified person, including a dietitian, nutritionist, or registered nurse | Documentation in the customer's record of:<br>• Dietary services delivered as medically indicated by the referring provider, including dates and provider name(s) |
| Mental Health Counseling must:<br>• Be provided in accordance with the customer's needs as identified in the psychosocial assessment<br>• Be consistent with the definition of mental health counseling<br>• Meet Medicaid and other applicable requirements<br>• Be provided by mental health professionals (psychiatrists, psychologists, or licensed clinical social workers) who are licensed by or authorized within the appropriate jurisdiction.<br><br>Spiritual Counseling must:<br>• Involve an assessment of the customer's spiritual needs<br>• 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 customer's spiritual needs<br>• Advise the customer of the availability of spiritual counseling services | Documentation in the customer's record of:<br>• Mental health counseling services delivered as medically indicated by the referring provider, including dates and provider name(s)<br>• Spiritual counseling services delivered, including dates and provider name(s)<br>• Evidence that mental health counseling services are consistent with the definition of mental health counseling and meet Medicaid or other applicable requirements |
| Bereavement counseling services for family members must be consistent with the definition of mental health | Documentation in the customer's record of: |

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| counseling. 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.<br><br>Hospice Care providers must:<br>• Develop a bereavement plan of care that notes the kind of bereavement services to be offered to the customer's family and other persons and the frequency of service delivery<br>• Make bereavement services available to a customer's family and other persons in the bereavement plan of care<br>• Ensure that bereavement services reflect the needs of the bereaved. | • Bereavement counseling offered to family members upon admission to Hospice services |
| Palliative therapies provided in the context of hospice care must:<br>• Be documented in the individualized care plan with changes communicated to the referring provider<br>• Be consistent with the definition of mental health counseling<br>• Meet Medicaid and other applicable requirements | Documentation in the customer's record of:<br>• Palliative therapies delivered as medically indicated by the referring provider, including dates and provider name(s)<br>• Evidence that palliative therapies are consistent with the definition of palliative care and meet Medicaid or other applicable requirements |
| Nursing care provided in the context of hospice care must:<br>• Be documented in the individualized care plan with changes communicated to the referring provider<br>• Be consistent with the definition of nursing care<br>• Meet Medicaid and other applicable requirements | Documentation in the customer's record of nursing care provided<br><br>Documentation of implementation of the provider's order |
| Room and board provided in the context of hospice care must be documented in the individualized care plan with changes communicated to the referring provider | Documentation in the customer's record of number of days stayed, types of services provided to customer during the period |
| Hospice Care providers must be appropriately licensed/certified by the jurisdiction in which they operate. | Documentation of agency licensure/certification. |
| **TRANSITION & DISCHARGE** | |
| **Standard** | **Measure** |
| Customers may be discharged upon death, due to safety issues, improvement in medical condition making hospice care no longer necessary, or if the customer decides to discontinue services.<br><br>Prior to discharge: Reasons for discharge and options for other service provision should be discussed with customer. Whenever possible, discussion should be occurring face-to-face. If not possible, provider should attempt to talk with customer via phone. If verbal contact is not possible, a certified letter must be sent to customer's last known address. If customer is not present to sign for the letter, it must be returned to the provider.<br><br>Transfer: If customer transfers to another location, agency or service provider, transferring agency will provide discharge summary and other requested records within 5 business days of request. If customer moves to another area, | Documentation of discharge plan and summary in customer's record with clear rationale for discharge within 30 days of discharge, including certified letter, if applicable.<br><br>Documentation in the customer's record must include:<br>• Date services began<br>• Special customer needs<br>• Services needed/actions taken, if applicable<br>• Date of discharge<br>• Reason(s) for discharge<br>• Referrals made at time of discharge, if applicable |

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| transferring agency will make referral for needed services in the new location.<br><br>Withdrawal from Service: If customer reports that services are no longer needed or decides to discontinue participation in the Service Plan, customer may withdraw from services. Because customers may withdraw for a variety of reasons it may be helpful to conduct an exit interview to ensure reasons for withdrawal are understood or identify factors interfering with the customer's ability to fully participate if services are still needed. If other issues are identified that cannot be managed by the agency customers should be referred to appropriate agencies.<br><br>Administrative Discharge: Customers who engage in behavior that abuses the safety or violates the confidentiality of others may be discharged. Prior to discharging a customer for this reason, the case must be reviewed by the leadership according to that agency's policies. Customers who are discharged for administrative reasons must be provided written notification of and reason for the discharge and must be notified of possible alternative resources. A certified letter that notes the reason for discharge and includes alternative resources must be mailed to the customer's last known mailing address within five business days after the date of discharge, and a copy must be filed in the customer's chart. | |
| **CASE CLOSURE** | |
| **Standard** | **Measure** |
| Case will be closed if customer:<br>● Medical condition improves making hospice care no longer necessary<br>● Decides to transfer to another agency<br>● Needs are more appropriately addressed in other programs<br>● Moves out of the EMA<br>● Fails to provide updated documentation of eligibility status thus, no longer eligible for services<br>● Fails to maintain contact with the insurance assistance staff for a period of three months despite three documented attempts to contact customer<br>● Can no longer be located<br>● Withdraws from or refuses funded services, reports that services are no longer needed, or no longer participates in the individual service plan<br>● Exhibits pattern of abuse as defined by agency's policy<br>● Becomes housed in an "institutional" program anticipated to last for a minimum of 30 days, such as a nursing home, prison or in customer program<br>● Is deceased | Documentation of case closure in customer's record with clear rationale for closure |

## IV. PERSONNEL QUALIFICATIONS

Each agency is responsible for establishing comprehensive job descriptions that outline the duties and responsibilities for each of the positions proposed in their program. All staff must be given and will sign a written job description with specific minimum requirements for their position. Agencies are responsible for providing staff with supervision and training to develop capacities needed for effective job performance.

At minimum, Hospice Care staff will be able to provide linguistically and culturally appropriate care for people living with HIV and complete documentation as required by their positions. Hospice Care staff will complete an agency-based orientation before providing services.

Hospice Care services will be provided by trained, licensed or certified medical, dietary/nutritional health, and mental health professionals. Depending on the scope of practice, staff must meet the appropriate licensure and/or certification requirements set forth by the relevant jurisdiction. Staff must have at least two years of experience working with PLWH.

Newly hired Hospice Care staff must complete the following training within 180 calendar days of hire:

- HIV 101
- Outreach policies and procedures
- Infection control/bloodborne pathogens
- Customer confidentiality & HIPAA
- Cultural and linguistic competency
- Referral and linkage processes

All Hospice Care staff must also complete 6 hours of continuing education on HIV/AIDS annually.

## V. CLINICAL QUALITY MANAGEMENT

A continuous Clinical Quality Management Program for HIV customer care. Please refer to Policy Clarification Notice (PCN) #15-02 (updated 09/01/2020).

## VI. APPROVAL & SIGNATURES

This service standard has been reviewed and approved on March 30, 2022. The next annual review is March 31, 2023.

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