

Admission to Hospice Care PC.A25

Regulation(s): 42 CFR 418.25
L-Tag(s): None

POLICY: Patients who meet the admission criteria are admitted to Lifesong Hospice and Palliative Care regardless of race, sexual preference, age, handicap, gender, communicable disease or religion

PROCEDURE:

1. During the referral process, hospice staff determine the patient's eligibility for hospice based on the *Admission Eligibility Protocol* (see attached Admission Eligibility Protocol PC.A20.1) and following criteria:
 - a. verbal or written certification by the patient's attending physician (if there is one) and the hospice physician that the patient has a prognosis of 6 months or less if the disease follows its normal course;
 - b. the patient resides in the geographic area served by the hospice program;
 - c. the patient understands and accepts the palliative nature of hospice care and no longer seeks aggressive or curative treatment;
 - d. there is a capable primary caregiver, or, if no caregiver is available, the patient completes the *Consent/Plan for Primary Caregiver form* (PC.A20.2) and agrees to assist the hospice in developing a plan of care to meet his/her needs;
 - e. the hospice has adequate resources, staffing, and competency to meet the needs of the patient; and
 - f. the patient and/or representative wish to receive hospice services.
2. The hospice intake determines if the patient has a prior history of hospice care and ensures that the patient is admitted into the correct benefit period following the *Checking Hospice History via DDE protocol* (PC.A20.3).
3. If a patient is transferring from another hospice and is in his/her third or later benefit period, the intake department determines whether a face-to-face encounter was provided by the transferring hospice for the current benefit period or if one needs to be completed prior to admission.
4. The hospice obtains orders from a physician according to law and regulation and professional standards of practice before providing care.
5. If it is determined that the patient does not meet the criteria for admission, reasons for non-acceptance are documented and communicated to the referrer and patient/representative as appropriate and the patient is added to the *Pending List* for follow up.

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6. Efforts are made to refer non-accepted patients to appropriate community resources or other health care providers.
7. The hospice collects data regarding the appropriateness and timeliness of admissions that is reported to and utilized in the hospice's Quality Assessment and Performance Improvement (QAPI) program.

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