

### Levels of Care – Continuous Home Care PC.L20

**Regulatory Citation(s):**

42 CFR 418.204(a); 42 CFR 418.302(b)(2)

**L-Tag(s):**

None

**POLICY:** Care may be provided on a continuous basis for as much as 24 hours a day, of which more than half is nursing care, to achieve palliation or management of acute medical symptoms and only as necessary to maintain the patient at home.

**PROCEDURE:**

1. Continuous home care may be provided in private homes, long term care facilities (if the patient is not receiving Part A skilled care), assisted living facilities, group homes or hospice residential facilities.
2. A Registered Nurse Case Manager or RN designee assesses the patient to determine whether he/she requires a level of care change to achieve palliation and/or management of acute symptoms to remain at home.
3. The RN Case Manager or RN designee confirms the assessed need for a level of care change to continuous home care with the Director of Clinical Operations or designee, the patient's attending physician (if any) and the hospice physician.
4. The patient's plan of care is revised and updated to reflect the crisis precipitating the need for a change in level of care.
5. Caregiver breakdown is not a valid reason to bill for continuous care unless the patient exhibits psychological/physiological symptoms that require intense skilled nursing intervention.
6. The Manager of Clinical Operations, Clinical Services Manager or designee assigns available hospice registered nurses, licensed practical nurses and hospice aides to respond to the continuous home care needs of the patient.
7. Nurses who are hospice employees are routinely assigned to provide continuous home care, unless there is a period of peak patient workloads or unusual circumstances during which contracted nursing personnel may be used. In cases where there is use of agency nursing, the hospice will clearly document the circumstances that support the use of agency personnel.

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8. Detailed documentation that clearly supports the need for this level of care is provided in a *Continuous Care Book*, divided into 15 minute increments, that details the date services were provided, the time in and out of different disciplines providing care, names and titles of hospice personnel and a summary of the care provided and the patient's response to care.
9. The *Continuous Care Book* becomes a part of the patient's clinical record and is used to substantiate the need for continuous home care and to document the care provided.
10. Computation of continuous care hours for billing purposes is based on the following statutory and regulatory requirements:
  - a. a minimum of 8 hours of care that is provided by skilled nursing more than 50% of the billed hours, is provided during a 24-hour day that begins at 12:01am and ends at midnight;
  - b. the care provided need not be continuous (for example, 4 hours may be provided in the morning and another 4 hours provided in the evening of the same day) if there is an aggregate need for a minimum of 8 hours of predominantly nursing care;
  - c. the computation of continuous home care hours reflects the total number of direct care hours provided by nursing personnel and hospice aides. If hospice aide hours exceed nursing hours, the day is billed as routine home care; no hours may be discounted to bill for the higher level of care and
  - d. continuous home care hours only include direct patient care hours provided by hospice nurses and hospice aides. Time spent documenting care, making phone calls to the physician, supervision of aides, hours provided by social workers, volunteers, chaplains or other disciplines may not be included in the computation of continuous home care hours.

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