Providing Continuous Home Care In Hospice

Katie Wehri, CHPC
Director of Operations Consulting
Healthcare Provider Solutions, Inc.
kwehri@healthcareprovidersolutions.com

Objectives

- Review the CMS regulations for the CHC level of care
- Identify patient eligibility criteria and expected documentation for this level of care
- Discuss barriers and benefit to the use of CHC
- Share applicable scenarios for utilizing this level of care
The Concerns

ARE PROVIDERS OFFERING THE FULL RANGE OF SERVICES?

ARE PROVIDERS INAPPROPRIATELY ADMINISTERING THE BENEFIT?

Referrals to S & C, Program Integrity

Percent of Hospice w/ no Cont Care

What Does This Mean for Providers?

• Review PEPPER results
  • MAC
  • State
  • National

• Reasons for no CHC
  • Patient characteristics
  • Staffing
  • Hospice inpatient unit
  • Relationship with hospital/SNF


OIG Report

2015
Medicare Hospices Have Financial Incentives To Provide Care in Assisted Living Facilities
(OEI-02-14-00070)
Operational and Financial

<table>
<thead>
<tr>
<th>Code/Description</th>
<th>FY2017 Rate</th>
<th>Proposed FY2018 Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>652 -- Continuous Home Care (hourly rate for SIA)</td>
<td>$964.63 ($40.19/hour)</td>
<td>$976.42 ($40.68/hr.)</td>
</tr>
</tbody>
</table>

Rates are not adjusted for wage index, sequester or failure to meet HQRP requirements.

---

Operational and Financial

<table>
<thead>
<tr>
<th>Code/Description</th>
<th>2012 OIG - OEI-02-14-00070</th>
<th>FY2014 Freestanding hospice – cost reports</th>
</tr>
</thead>
<tbody>
<tr>
<td>652 -- Continuous Home Care – percentage of days billed</td>
<td>1%</td>
<td>0.06%</td>
</tr>
</tbody>
</table>
## Operational and Financial

<table>
<thead>
<tr>
<th>Code/Description</th>
<th>Mean Cost</th>
<th>Weighted Mean Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>652 – Continuous Home Care – cost of providing care</td>
<td>$51</td>
<td>$49</td>
</tr>
</tbody>
</table>

FY2015 cost reports – freestanding hospices only
Payment rate 2015: $38.75

### Operational and Financial

- **Staffing**
  - Employed
  - Contracted

- **Clinical**
  - Recognizing the need
  - Ability to offer

- **Pressure**
  - Partners
  - Consumers
  - Internal?
Definitions

• **In-patient care** or services is defined as _short term_, general in-patient care provided directly by a hospice program in their own in-patient facility, through a contract arrangement with a licensed Medicare certified long term care facility, or hospital to _provide pain and symptom management that cannot be accomplished in another setting._

• **Continuous Home Care** is provided in a patient’s home during _periods of crisis_. A period of crisis is defined as a period in which a patient requires continuous care which is primarily nursing care to achieve palliation or management of acute medical symptoms.

Regulations: Continuous Home Care CoP

418.204

**Periods of crisis.**

• Nursing care may be covered on a continuous basis for as much as 24 hours a day during periods of crisis as necessary to maintain an individual at home.

• Either homemaker or home health aide (also known as hospice aide) services or both may be covered on a 24-hour continuous basis during periods of crisis but care during these periods must be predominantly nursing care.

• A period of crisis is a period in which the individual requires continuous care to achieve palliation and management of acute medical symptoms.
Regulations: Continuous Home Care CoP
418.204

Hospice inpatient unit – Q5006
Hospital – Q5005
SNF – Q5004

Nursing facility – Q5003
ALF – Q5002

Continuous Home Care – Calculation of Hours

• 15-minute increments

• Minimum of 8 hours of care during a 24-hour day, which begins and ends at midnight.

• Care need not be continuous, e.g., 4 hours could be provided in the morning and another 4 hours in the evening.

• Care must be predominately nursing care provided by either RN or LPN.
  • NP hours that in absence of NP would be covered by RN/LPN are counted as skilled nursing care
  • MSW and Pastoral Counselor visits may not be included
Continuous Home Care – Calculation of Hours

- More than half of the hours of care must be provided by an RN/LPN
- Homemaker or hospice aide services may be provided to supplement the nursing care.
- Need for care and or monitoring must be constant - a minimum of 8 hours in a 24 hour period.
- Overlapping hours counted separately - both must be reasonable and necessary

Regulations: Continuous Home Care CoP 418.204

- A hospice may use contracted staff, if necessary, to supplement hospice employees in order to meet the needs of patients under extraordinary or other non-routine circumstances. Generally, a short-term temporary event that was unanticipated.

- Continuous care is not a highly specialized service, because while time intensive, it does not require highly specialized nursing skills.
Continuous Care Eligibility

**Symptom Management:**

- Seizures
- Nausea/vomiting
- Uncontrolled pain

**Collapse of family structure:**

- Caregiver has been providing *skilled* care and change in patient condition *warrants nursing intervention* as caregiver no longer can and/or wishes to provide care.

Continuous Care Eligibility

**Pain Requiring:**

- Delivery of medication which may require skilled nursing care for calibration, tubing change or site care/adjustment due to the complexity, nature of the medication and it’s delivery system

- Frequent evaluation/assessments by nurse or physician

- Aggressive treatment to control pain

- Frequent medication adjustments
Continuous Care Eligibility

Symptom changes:

• Sudden deterioration requiring intensive nursing intervention
• Uncontrolled nausea or vomiting
• Pathological fractures
• Respiratory distress that becomes unmanageable
• Severe agitated delirium or anxiety or depression secondary to end-stage disease process

When Continuous Care Is Not Allowed

• Actively dying and not meeting the criteria for period of crisis
• Caregiver breakdown, unless patient need meets criteria
• Unsafe home situation
• To maintain the patient in their own home (no period of crisis)
• While awaiting nursing home placement
Continuous Home Care Clues

- Multiple calls
- High or increasing anxiety
- Multiple visits without resolution/difficulty managing symptoms

Continuous Care Documentation Tips

**Do Document**

- At least hourly
- Time in/time out
- What care needs are not being met and why they qualify as a period of crisis
- Team collaboration
- Involvement of MSW, Chaplain, Volunteers, Physician, etc.
- Team’s effort to resolve patient problems at the lowest level of care
Continuous Care Documentation Tips

**Do Document**

- Specific symptoms that need to be controlled
- Interventions implemented and patient’s response
- RN/LPN summary and plan for continuing CHC
- Care coordination with facility staff, if appropriate
- Resolution of crisis
- That patient is at risk for hospitalization if symptoms and or care needs are not managed and or met

**Continuous Care Documentation Tips**

**Don’t**

- Include the following in calculation of hours
  - documentation time,
  - hospice aide supervision,
  - care plan changes
  - hand off/reporting
  - lunch/breaks
  - education
- Include non-allowed discipline time in continuous care hours calculation
- Discount hours
Continuous Home Care Documentation Tips

Address the following:

1. What caused this period of crisis
   • Change in comprehensive assessment
   • Collaboration with team

2. What interventions were implemented and patient response
   • Change in plan of care
   • Patient response to interventions

1. Resolution of Crisis
   • Change in comprehensive assessment
   • Change in plan of care
   • Collaboration with team

Continuous Home Care Program

• Revocations for urgent treatment/911
• Discharges – non-contracted facilities
• Hospitalizations
• Daily visits
• Multiple calls using the on-call system
• CAHPS Hospice Survey comments
• Complaints
Continuous Home Care Program

• Estimate number of continuous home care hours
• Estimate number of discipline hours
• Evaluate skill set/competencies and develop plan for education
• Estimate cost and revenue

Continuous Home Care Program

• Approval from supervisor prior to implementation

• Pre-billing audit
  • Documentation supports period of crisis for all hours to be billed
  • No contracted staff utilized unless exceptions met
  • Provided in allowable location
  • Calculation of hours is correct
    • More than half is nursing
    • Hours not discounted
    • Non-allowable activities not included
    • RN/LPN and aide hours only
    • Staff documentation time in/time out matches hours to be billed
Documentation Tips

Create a “snapshot” that will paint a picture of the patient’s needs and what the care needs entail. The picture you paint is the picture Medicare will use to determine whether this level of care is appropriate and reimbursable.
References

- IAHHC (2012) *Hospice Continuous Care Criteria*, Strauss and Wehri
- Hospice & Palliative Care Federation of Massachusetts (2008), *The Hospice General In-Patient Level of Care; Criteria, Guidelines, Reimbursement and Contracting*