902 KAR 20:140. Operation and services; hospice.

RELATES TO: KRS 216B.010, 216B.015, 216B.042, 216B.105, 216B.155-216B.170, 216B.990
STATUTORY AUTHORITY: KRS 216B.042(1)
NECESSITY, FUNCTION, AND CONFORMITY: KRS 216B.042 requires the Cabinet for Health Services to regulate health facilities and health services. This administrative regulation establishes licensure requirements for hospice operation and services.

Section 1. Definitions. (1) "Administrator" means a person who has:
(a) Served as a hospice administrator under a state approved hospice program; or
(b) A bachelor of arts or bachelor of science degree in a health care, human services, or administrative curriculum; or
(c) Equivalent administrative work experience in a health care facility.
(2) "Bereavement" means the period of time during which a person experiences, responds emotionally, and adjusts to the loss by death of another person.
(3) "Palliative care" means care directed at reducing or abating pain and other troubling symptoms of the disease process in order to achieve relief of distress.
(4) "Supplemental service" is a hospice service provided under the health care facility's existing license.
(5) "Terminally ill" means a person who is experiencing a fatal condition for which therapeutic strategies directed toward care and control are no longer effective.
(6) "Volunteer" means a person who contributes time and talent to the hospice program without economic remuneration.

Section 2. Scope of Operation and Services. A hospice is a centrally administered program of palliative and supportive services, including skilled nursing services, intended to meet the physical, psychological, social, and spiritual needs of a terminally ill person and his family on a twenty-four (24) hour, seven (7) day- a-week, on-call basis. Services are provided in the home or in an inpatient health care facility as a supplemental service by a medically supervised, interdisciplinary team of professional and lay personnel during the final stages of illness, at death, and through bereavement.

Section 3. Administration and Organization. (1) A hospice program shall seek licensure to operate as:
(a) A freestanding hospice; or
(b) A hospice operated by a hospital, long term care facility, home health agency, or health maintenance organization, or other licensed health care facility or service.
(2) The licensee shall be legally responsible for the operation of the hospice and for compliance with federal, state, and local law pertaining to the operation of the service.
(3) The licensee shall have permanent facilities for the administration of the program and storage of the patient records.
(4) The licensee shall establish policies for the administration and operation of the service. The policies shall include:
(a) Acceptance of patients;
(b) Development of a plan of care through the interdisciplinary team;
(c) Quality care audits for direct service;
(d) Personnel policy and procedure to include:
1. A description of each personnel position;
2. Wage and salary range for each position;
3. A description of the lines of authority;

4. Personnel benefits;

5. Evaluation and grievance procedure; and

6. Orientation and training program information; and

(e) Use of volunteers, volunteer selection criteria, training, and roles in the hospice program.

(5) Contracted services. If a hospice contracts for services, the contract shall be in writing and shall:

(a) Designate clearly the services to be provided;

(b) Describe how the personnel under contract will provide the service and how they will be supervised;

(c) Require hospice staff to provide training, to participate in personnel, about hospice care; and

(d) Describe the process of coordination for medical recordkeeping, patient evaluation and care planning.

(6) Contracted services with health care facilities.

(a) A contract between a hospice and an inpatient service provider or a health facility, as defined at KRS 216B.015(10), shall:

1. Comply with the requirements established in subsection (5) of this section; and

2. Specify that the hospice maintain professional, financial, and administrative responsibility for planning, coordinating, and prescribing hospice services and care on behalf of the hospice patient and his family.

(b) For a contract with an inpatient service provider, the hospice shall:

1. Provide the service provider a copy of the patient's plan of care;

2. Specify the inpatient services to be furnished; and

3. Require that the inpatient provider agree to the designation of services.

(c) A hospice shall not charge a fee for a service provided directly by the hospice care team which is duplicative of a contractual service provided by a health care facility to the individual or his family.

(7) Medical records.

(a) A medical record shall be maintained for each individual who is accepted as a hospice patient. The medical record shall include:

1. Written referral from the attending physician of the patient to the hospice program;

2. Medical history;

3. Social and psychological information on patient and family;

4. Doctors' orders;

5. The approved care plan; and

6. Documentation of medical services provided.

(b) A medical record shall be kept confidential and shall be retained for a minimum of five (5) years, or in the case of a minor, three (3) years after the patient reaches the age of majority under state law, whichever is the longer.

(8) Personnel. The hospice shall have:

(a) A medical director who is a licensed physician, available on at least a consultative basis, and who shall:

1. Direct medical aspects of the hospice care program; and

2. Participate in the development of medical policy and procedure.

(b) An administrator who shall:

1. Direct the daily operation of the hospice; and

2. Implement policies and procedures for activities and services, whether provided by hospice personnel or by contract.

(c) A patient-care coordinator who is a registered nurse who shall be:

1. Available on a full or part-time basis; and

2. Knowledgeable of home-based skilled nursing services for the terminally ill.

Section 4. Services. (1) The hospice program shall provide palliative and supportive services including skilled nursing services to meet the physical, psychological, social, and spiritual needs of a terminally ill person and his family. Hospice services shall:

(a) Be available on a twenty-four (24) hour, seven (7) day a week, on-call basis;

(b) Be provided by an interdisciplinary team which shall include:

1. The patient;

2. The patient's family, if willing to participate;

3. The medical director;

4. A nurse;

5. A social worker; and

6. The following team members, on an optional basis:

a. The patient's attending physician;

b. Other staff physicians;

c. A representative of the clergy if the patient so chooses; and

d. A volunteer.

(2) A patient may be admitted to a hospice program only upon referral from a physician and upon the request of the patient and family. The patient's attending physician shall be responsible for the direct medical care of the patient's illness.

(3) The hospice shall provide the following services directly:

(a) Coordination of the medical aspects of the hospice program;

(b) Assessment of physical, psychological, spiritual, social, and economic needs of the patient and his family;

(c) Development and coordination of a care plan which includes the delineation of responsibilities of each team member and provides for regularly scheduled team meetings for planning, evaluation, and individual case management;

(d) Patient counseling and bereavement counseling of the family; and

(e) Education and training services for staff, volunteers, and family members.

(4) Skilled nursing services shall be provided directly or through contract as indicated by the patient's needs.

(5) The following services shall be provided directly, through contract, or through referral, as indicated by the patient and family needs:

(a) Nutrition;

(b) Homemaker and home health aide;

(c) Physical therapy;

(d) Occupational therapy; and

(e) Speech therapy.

(6) The hospice shall:

(a) Follow up on a patient referral to determine if the service was provided; and

(b) Make an appropriate entry into the patient's medical record for each service provided on a referral basis.

(7) The patient's plan of care shall be reviewed by the attending physician in consultation with agency professional personnel at such intervals as the severity of the patient's illness requires, but in all cases, at least once every two (2) months. Verbal authorization to change the plan of care shall be reviewed and signed by the attending physician within twenty-one (21) days after the order is issued.

(8) An original order for a drug and a change in an order for a drug shall be signed by the physician and made a part of the patient's medical record. Verbal authorization by the physician to change a drug order shall be reviewed and signed by the physician within twenty-one (21) days after

the order is issued. (8 Ky.R. 255; Am. 908; eff. 4-7-82; 15 Ky.R. 2451; eff. 8-5-89; 25 Ky.R. 2676; 26 Ky.R. 63; eff. 8-18-99.)