

Long Term Care Highlights



North Dakota Department of Health
Division of Health Facilities

July 2010



When a Facility Resident Elects the Medicare Hospice Benefit

*By Linda Maher RN BSN
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The Hospice Philosophy

Hospice is a special kind of care designed to provide sensitivity and support for people in the final phase of a terminal illness. Hospice care seeks to enable patients/residents to carry on an alert, pain-free life and to manage other symptoms so that their last days may be spent with dignity and quality at home or in a home-like setting.

The Centers for Medicare and Medicaid Services (CMS) revised the Federal Regulations for Long Term Care Facilities on April 10, 2009 to include the “Review of a Resident Receiving Hospice Services” under the requirement at F309 – Quality of Care 483.25.

When a resident of a Medicare/Medicaid participating skilled nursing facility (SNF) elects the Medicare hospice benefit, the hospice and the facility must communicate, establish and agree upon a coordinated plan of care for both providers that reflects the hospice philosophy and is based on an assessment of the individual’s needs and unique living situation in the facility.

This coordinated plan of care must identify the care and services that the skilled nursing facility (SNF) and the hospice will provide in order to be responsive to the unique needs of the resident and his or her expressed desire for hospice care. In addition, the coordinated plan of care must identify which provider (hospice or facility) is responsible for performing a specific service.

The SNF and the hospice are responsible for performing each of their respective functions that have been agreed upon and included in the plan of care. The care plan should be individualized and resident specific and reflect the resident and family goals and interventions based on the problems identified during the assessments.

The hospice retains overall professional management responsibility for directing the implementation of the plan of care related to the terminal illness and related conditions. The term “professional management” for a hospice patient who resides in a SNF has the same meaning that it has if the hospice patient were living in his/her own home. Professional management involves assessing, planning, monitoring, directing and evaluating care across all settings.

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During the long term care survey, surveyors would evaluate the following for a resident receiving hospice care in a SNF:

- The plan of care reflects the participation of the hospice, the facility and the resident or representative to the extent possible.
- The plan of care includes directives for managing pain and other uncomfortable symptoms and is revised and updated as necessary to reflect the resident's current status.
- Medications and medical supplies are provided by the hospice as needed for the palliation and management of the terminal illness and related conditions.
- The hospice and facility communicate with each other when any changes are indicated to the plan of care.
- The hospice and the facility are aware of the other's responsibilities in implementing the plan of care.
- The facility's services are consistent with the plan of care developed in coordination with the hospice. (The hospice patient residing in a SNF should not experience any lack of SNF services or personal care because of his/her status as a hospice patient.)
- The SNF offers the same services to its residents who have elected the hospice benefit as it furnishes to its residents who have not elected the hospice benefit. The resident has the right to refuse services in conjunction with the provisions of the requirement at F155 – Residents Rights 483.10 (b) (4).

References: State Operations Manual-Appendix PP-Guidance to Surveyors to Long Term Care Facilities; North Dakota Hospice Organization; Centers for Medicare and Medicaid Conditions of Participation for Hospices.

RAI Update

*By Joan Coleman
State RAI Coordinator*

On, Dec.17, 2009, the Centers for Medicare and Medicaid Services (CMS) sponsored a satellite broadcast and webcast titled "MDS 3.0: Part I – An Introduction." This program is the first of a three-part series focused on providing information on the Minimum Data Set Version 3.0 (MDS 3.0) due to be implemented on Oct.1, 2010, by nursing homes across the nation. The goal of this training is to provide an overview of the MDS 3.0, including the major areas of change, impact as a result of implementation, and plans and resources for the implementation of the MDS instrument in October 2010.

Nursing home providers may view this archived webcast at <http://surveyortraining.cms.hhs.gov/>. To view this webcast, you do not need to register. Just click on *Archived Webcasts*, and then click on the words *MDS 3.0: Part I – An Introduction*. If you like, handouts are available to print out. Then select a Video Player Option. The duration of the webcast is one hour.



Destination M D S 3.0



Mark Your Calendars *MDS 3.0 Training*

Presented by the Division of Health Facilities, North Dakota Department of Health

August 24-26

September 14-16, 2010

Fargo Holiday Inn

Mandan Seven Seas Hotel

The purpose of the training is to educate Long Term Care providers on the development, purpose, and structure of the MDS 3.0 as part of the RAI process. This includes providing direction and guidance on the correct coding of each section of the MDS 3.0. This MDS training is appropriate for anyone who is involved in the assessment of nursing facility residents; including licensed nurses, social workers, and activity and dietary professionals. Continuing education hours will be granted to participants attending the training.

We are just at the beginning stages of planning this training. In a few weeks, the brochure & registration materials will be posted on the NDLTCA website <http://www.ndltca.org/>

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Quote for the Month

"Some people, no matter how old they get,
never lose their beauty -- they merely move it from their
faces into their hearts."

Martin Buxbaum



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CERTIFIED NURSE AIDE QUESTIONS AND ANSWERS

By Cindy Kupfer and Rocksanne Peterson

Q) What is the hour requirement to renew the CNA certification?

A) A person must work a **total** of eight hours within his or her certification period, for pay. This eight hours can be broken down into two four-hour blocks, or four two-hours blocks, and so on.

Q) Is the Last Date Worked, the CNA's last eight hour shift?

A) Not necessarily. This is the last day he or she received payment for performing nursing or nursing-related duties. Remember it is a total of eight hours in the last 24 months to renew.

Q) If I renew on-line, do I need to send in the paper renewal form?

A) No. Once a renewal has been completed on-line, you do not need to send the renewal form to the North Dakota Department of Health.

Q) Can a Certified Nurse Aide renew if he or she has not worked within their certification period?

A) If a person has not fulfilled the eight hour requirement, he or she would need to successfully complete both the written and the skills test. They can call one of our testing vendors: The North Dakota Board of Nursing, 701.328.9777, Headmaster, 800.393.8664 or Prometric.

Q) If this person is not currently employed but has worked within the past 24 months, who can sign the renewal form?

A) If the CNA worked within their certification period, and is not currently working, the past employer can verify the past employment.

Q) Are Continuing Education Units (CEU's) required to renew the certification?

A) Completion of CEU's is based on the policy of the employer, and is **not** a requirement for renewal through the North Dakota Department of Health.

Q) How can an address be changed?

A) An address can be changed on-line at: www.ndhealth.gov/HF or by calling the CNA registry at 701.328.2353.

Reference: North Dakota Renewal Guidelines for Certified Nurse Assistant.



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