

## **Attachment DAL 16- 04**

### **The following definitions found in 10 NYCRR §700.2 were amended as follows:**

(a)(27) Hospice residence definition is amended to increase the maximum bed capacity from eight to 16 beds in a hospice residence.

(c)(55) Hospice patient shall mean a person in the terminal stage of illness, with a life expectancy of approximately twelve months or less, who, alone or in conjunction with designated family member(s), has voluntarily requested admission and has been accepted into a hospice for which the Department has issued a certificate of approval; provided, however, that nothing herein shall be construed to require provision of services to a patient that are not covered by the patient's payment source.

(c)(58) Palliative and supportive care shall mean services provided to a hospice patient for the reduction and abatement of pain and other symptoms and stresses associated with terminal illness and dying.

(c)(60) Palliative care shall mean active, interdisciplinary care provided to a patient and/or a hospice patient with advanced, life-limiting illness, focusing on relief of distressing physical and psychosocial symptoms and meeting spiritual needs with the goal of achievement of the best quality of life for patients and families. This definition was added consistent with Public Health Law §4012-b, provided to a person with advanced, life limiting illness.

### **The following summarize/highlight amendments found in 10 NYCRR Parts 717, 793 and 794:**

§717.2 (Construction Standards) is amended to increase the maximum bed capacity from eight to 16 beds in a free standing hospice residence.

§717.3 (Patient and Service Areas in Hospice Inpatient Facilities and Units) is amended to reduce maximum room capacity from four to two patients as required by new federal rules.

§717.4 (Functional Areas in Hospice Residences) is amended to allow a hospice to operate a maximum of 25 percent of total residence beds as dually certified beds at any given time.

§793.1 (Patient Rights) sets forth patient rights for hospice patients and requires alleged violations of mistreatment, neglect or abuse to be investigated and reported to the State, if verified.

§793.2 (Eligibility, Election, Admission and Discharge) sets forth provisions for determining eligibility for and admitting persons into a hospice program as well as requirements for discharging a hospice patient.

§793.3 (Initial and Comprehensive Assessment) requires hospices to complete initial and comprehensive assessments and reassessments within specified time periods and identifies the information required in such assessments.

§793.4 (Patient Plan of Care, Interdisciplinary Group and Coordination of Care) defines the interdisciplinary group members responsible for management of hospice care, identifies the responsibilities of the group, and lists the information required in the hospice plan of care.

§793.5 (Quality Assessment and Performance Improvement) sets forth requirements for the hospice quality assessment and performance improvement program including tracking performance indicators and conducting performance improvement projects.

§793.6 (Infection Control) sets forth requirements for management of an infection control program including policies and procedures for preventing and managing persons exposed to blood-borne pathogens and appropriate training of staff.

§793.7 (Staff and Services) identifies the types of personnel a hospice is expected to employ and their responsibilities. This section clarifies employment options (direct or contract), qualifications and supervision requirements.

The supervision requirements for the hospice aide (Home Health Aide) includes the following:

- an onsite supervisory visit by professional staff during the initial visit, or when there is a change in personnel and the aide does not have the documented training and experience with tasks prescribed in the patient's plan of care; and
- evaluation of changes in patient condition reported by the aide and initiate any changes needed in the plan of care.

Supervisory visits are required every 14 days and an **onsite** supervisory visit by the RN with the hospice aide present must be conducted minimally every 90 days.

§794.1 (Governing Authority) lists the responsibilities of the governing authority and sets forth requirements for a patient complaint investigation process, emergency response plan, and Health Commerce System accounts.

§794.2 (Contracts) sets forth contract requirements between the hospice and individual, facility or agency providers delivering services on behalf of the hospice. This section also specifies requirements for management contracts and explains those responsibilities that may not be delegated by the governing body.

§794.3 (Personnel) sets forth personnel requirements including employee health status requirements, identification and reference checks, maintenance and content of personnel records, job descriptions and orientation, performance appraisal, and in-service education. Hospice aides (Home Health Aides) are required to participate in 12 hours of in-service education per year.

§794.4 (Clinical Record) sets forth requirements for maintenance and content of clinical records and record retention standards.

§794.5 (Short Term Inpatient Service) sets forth structural and operational standards for the provision of short-term inpatient service. Physical plant, staffing, quality of life, patient comfort measures, management and coordination of care are addressed.

§794.6 (Hospice Residence Service) sets forth requirements for operation of a hospice residence, for those situations when a hospice chooses to offer a hospice operated home to hospice patients without a suitable home in which to receive services.

§794.7 (Leases) sets forth information which must be included in a lease agreement between a hospice and an inpatient setting or hospice residence.

§794.8 (Hospice Care Provided to Residents of a Skilled Nursing Facility (SNF) or Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID)) identifies the responsibilities of the hospice and the facility when a resident elects the hospice benefit. Services expected to be provided by the hospice and the facility are clarified, and development and implementation of collaborative plans of care, and care coordination between the two entities is required.

§794.9 (Records and Reports) identifies records which must be maintained by the hospice, and the retention timeframes and specifies reports which must be submitted to the Department of Health.