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HOSPICE SERVICES

EXECUTIVE SUMMARY

SERVICE INTRODUCTION

This service category encompasses two distinct services:

- ◆ Hospice services (which can be offered in multiple settings, including residential hospices, nursing homes, private homes, etc.)
- ◆ Nursing facility services

The goals of hospice and nursing facility services for people living with HIV include promoting the highest possible quality of life and function for all clients and their families, and helping terminally ill clients approach death with dignity and comfort.

SERVICE CONSIDERATIONS

General Considerations: Hospice services will be provided to people living with HIV/AIDS whose attending physicians have confirmed in writing that he or she has a life expectancy of six months or less. The intent of hospice services is palliative care (pain control and comfort). Residential hospice services will be provided to those people living with HIV/AIDS who require hospice care and 24-hour supervision and skilled nursing care on a recurring, intermittent, extended or continuous basis. Nursing facility services will be offered to persons who have a diagnosis of a HIV/AIDS and who require 24-hour nursing care. The intent of nursing facility services is to extend life and improve functioning.

Hospice Services: Hospice care is provided to terminally ill individuals who have voluntarily chosen to receive such care in lieu of curative treatment. Such services include nursing services; physical or occupational therapy or speech-language pathology; medical social services; medical supplies and equipment; drugs and biologicals; physician services; counseling; dietary counseling; and spiritual counseling.

Residential Hospices: Residential hospice services include residential services; medical supervision; nursing and supportive care; pharmacy services; laundry services; and dietary services. Programs providing residential hospice services must be licensed as a residential care facility for the chronically ill, congregate living health facility or a nursing facility Level B with certification as a hospice provider.

Nursing Facility Services: Nursing facility services are provided in a residential home (non-institutional, home-like environment) and include residential services; medical supervision; 24 hour skilled nursing and supportive care; pharmacy; dietary care; and social/recreational services. Nursing services will be licensed by the Department of Health Care Services (DHCS) and certified as a hospice provider and nursing facility in accordance with Medicare and Medi-Cal regulations.

Client Education – All Services: Prior to the full intake process, staff will provide potential clients with information about services including policies and procedures; confidentiality;

safety issues; house rules and activities; client rights and responsibilities; and grievance procedures.

Advanced Directives – All Services: Prior to the full intake process, staff will discuss preparation of an advanced directive with eligible, potential clients and assist them in completing one if desired.

Intake – All Services: Client intake determines eligibility and includes demographic data, emergency contact information, next of kin and eligibility documentation.

Assessment – All Services: Clients will be assessed to obtain information required to recommend the most appropriate course of treatment.

Needs and Services Plan – All Services: Based upon the initial assessment, a needs and services plan that identifies the type and duration of services provided during the client's stay in the facility and should include the plan review and re-evaluation schedule.

Medical Supervision – All Services: No patient will be admitted, accepted for care or discharged without the order of a physician. All persons admitted for care will remain under the continuing supervision of a physician who evaluates them as needed or at least every 30 days.

Skilled Nursing Care – All Services: Licensed staff will provide services that require substantial specialized nursing skill including assessing patient need; planning and implementing patient care; evaluating and updating care plans; administering prescribed treatments; and recording notes.

Attendant Care – All Services: Attendants will function under the supervision of a Registered Nurse (RN) or Licensed Vocational Nurse (LVN).

Pharmaceutical Services – All Services: Programs providing hospice and/or nursing facility services will also include pharmaceutical services.

Social-Recreational Services – All Services: Patients will be encouraged to participate in activities planned around their individual needs.

Volunteer Assistance – All Services: Volunteers will be recruited, screened, trained and monitored in accordance with California Department of Public Health (CDPH) and/or Department of Social Services (DSS) regulations.

Contagious and Infectious Disease Management – All Services: All clients in residential hospice or nursing facility services programs must meet County of Los Angeles Department of Public Health Tuberculosis Control Program admission requirements.

Referral Services – All Services: Programs providing hospice and nursing facility services will demonstrate active collaboration with other agencies to provide referral to the full spectrum of HIV-related services.

Supportive Services – All Services: Programs providing hospice and/or nursing facility services will provide or coordinate: personal and supportive services; health-related services; social services; family bereavement counseling; recreational activities; meals; housekeeping and laundry; and transportation.



Hospice services support patient quality of life.

Emergency Medical Treatment – All Services: Programs will develop written policies for staff regarding how to access emergency medical treatment. Patients who require emergency medical treatment of illness or injury will be transported to an appropriate medical facility.

Residential Services – All Services: Residential providers will include the following components: lodging; three meals a day; equipment and supplies; telephone; laundry; and space and privacy for visitors.

Program Records – All Services: Programs will maintain records on each patient in sufficient detail to permit monitoring and evaluation of services and in accordance with the California Code of Regulations.

Discharge Planning – All Services: Discharge planning services will include a weekly evaluation of each patient’s medical and functional suitability for remaining in hospice services. Patients requiring relocation will be provided a linked referral and assistance with relocation.

STAFFING REQUIREMENTS AND QUALIFICATIONS

At minimum, all hospice and nursing facility staff and volunteers will be able to provide linguistically and culturally appropriate care to people living with HIV/AIDS and complete documentation as required by their positions. Hospice and nursing facility services staff and volunteers will complete an agency-based orientation and must receive at least eight hours of HIV/AIDS education.

Staff providing hospice and skilled nursing services will have the knowledge and skills required to provide hospice services evidenced by licensure, or in the case of certified nurse aides, as evidenced by appropriate training and/or experience and/or certification.



HOSPICE SERVICES

SERVICE INTRODUCTION

Hospice services provide 24-hour, culturally competent medical care, supervision and assistance for people living with HIV/AIDS who have been certified by a licensed physician as terminally ill. The intent of hospice services is to provide a palliative approach for patients to approach death with dignity and in relative comfort in a supportive atmosphere surrounded by family and/or significant others.

Hospice services will use available standards of care to inform clients of their services and will provide services in accordance with legal and ethical standards. Maintaining confidentiality is critical and its importance cannot be overstated. All programs must comply with the Health Insurance Portability and Accountability Act (HIPAA) standards and California state law regarding confidentiality for information disclosure.

The goals of hospice services for people living with HIV include promoting the highest possible quality of life and function for all clients and their families, and helping terminally ill clients approach death with dignity and comfort.

Recurring themes in this standard include:

- ◆ Hospice services will value the dignity, autonomy, privacy, independence and choice of the clients they serve.
- ◆ A client's family (however he or she defines it) is an integral part of the care unit in the provision of hospice services.
- ◆ Hospice services must be flexible enough to accommodate a client's changing needs.
- ◆ Pain management and personal control are critical considerations in providing hospice services.
- ◆ Staff must be appropriately trained, licensed or certified to provide appropriate services.

The Los Angeles County Commission on HIV and the Division of HIV and STD Programs (DHSP)—formerly referred to as the Office of AIDS Programs and Policy (OAPP)—have developed this standard of care to set minimum quality expectations for service provision and to guarantee clients consistent care, regardless of where they receive services in the County.

This document represents a synthesis of published standards and research, including:



Services help clients approach death with dignity and comfort.

- ◆ *Special Rate Study, Residential and Substance Abuse Services*, LA County Department of Public Health, Office of AIDS Policy and Programs
- ◆ *Residential Hospice Services/Nursing Facility Services Contract Exhibit*, LA County Department of Public Health, Office of AIDS Policy and Programs
- ◆ Standards of care developed by several other Ryan White Title 1 Planning Councils. Most valuable in the drafting of this standard were San Antonio, 2005; Baltimore, 2004 and Chicago, 2002

SERVICE/ORGANIZATIONAL LICENSURE CATEGORY

Hospice programs require licensure by the California Department of Public Health (CDPH) and certification by Medicare.

Residential hospice services providers require licensure as an HIV/AIDS residential care facility for the chronically ill, congregate living health facility or nursing facility level B with certification as a hospice provider.

DEFINITIONS AND DESCRIPTIONS

Hospice care is a provision of palliative services to help patients approach death with dignity, in relative comfort in a supportive atmosphere and surrounded by family members and significant others.

Life-threatening illnesses are those that can possibly lead to death within five years or less as stated by a patient’s physician or surgeon.

Palliative care includes components of pain and symptom management, advance care planning, prioritization of life goals and the support of patients and their families

Resident day is a 24-hour period in which a resident receives housing and meals.

Residential hospice is a residential home that provides supportive and palliative care including nursing, pharmacy, dietary, recreational, family bereavement and other medical and social services under hospice licensure.

Terminally ill is a medical prognosis of life expectancy of six months or less, certified by a licensed physician and accompanied by specific clinical findings and other documentation that support the medical prognosis filed in the medical record.

HOW SERVICE RELATES TO HIV

At the end of 2013, approximately 60,050 people were estimated to be living with HIV infection in Los Angeles County. Los Angeles County comprises 40% of the total AIDS cases in the State of California (Epidemiologic Profile of HIV in Los Angeles County, 2013).

The rapid evolution of HIV/AIDS treatment can lead to uncertain prognosis and complicate decision-making about advance care planning and end-of-life issues. Patients who survive

longer may have an increased need for comprehensive symptom management and psychosocial, family, and care planning support (Selwyn & Forstein, 2003). People living with HIV/AIDS experience a high prevalence of pain and symptoms, side effects and toxicity of antiretroviral therapy, co-morbid disorders and elevated death rates all factors that reinforce the need for palliative care (Harding et al., 2005).

Palliative care for people living with HIV/AIDS includes components of pain and symptom management, advance care planning, prioritization of life goals, and the support of patients and their families throughout the entire continuum of the disease. Throughout the entire spectrum of HIV disease, pain is one of the most common symptoms experienced by persons with HIV infection. Several studies have demonstrated that pain in patients with HIV/AIDS is likely to be underdiagnosed and undertreated. The goal of palliative care is to promote the highest quality of life (including pain management) and function for patients and their families (Kutzen, 2004).

Ongoing assessment of priorities, education about treatment options, collaborative goal-setting and inclusion of family care, support and planning are important components of palliative care (Kutzen, 2004). There is evidence that palliative care needs to be integrated into earlier disease stages as patients need pain and symptom management (and psychosocial care) throughout the disease trajectory (Harding et al., 2005).

People living with advanced HIV disease describe a good death as having pain/symptom control, optimum quality of life, choosing where to die, having control of their treatment and having their spiritual needs addressed (Harding et al., 2005). Residential hospices can offer skilled nursing, symptom control and psychosocial care to complement other HIV specialist services at the end of life (Gibbs, Ellershaw & Williams, 1997). The evidence from a systematic review of the literature demonstrated that inpatient hospice care significantly improved patient outcomes in the domains of pain and symptom control, anxiety, insight, and spiritual well-being (Harding et al., 2005; Gibbs, Ellershaw & Williams, 1997).

SERVICE COMPONENTS

Hospice services will be provided to people living with HIV/AIDS whose attending physicians have confirmed in writing that these individuals have a life expectancy of six months or less. The intent of hospice services is palliative care (pain control and comfort). Hospice services can be offered in multiple settings, including residential hospices, nursing homes, private homes, etc.

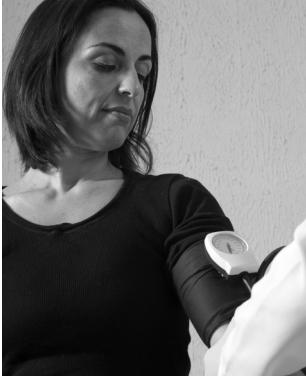
Residential hospice services will be provided to those people living with HIV/AIDS who require hospice care and 24-hour supervision and skilled nursing care on a recurring, intermittent, extended or continuous basis

All hospice services will be culturally and linguistically appropriate to the target population (see Program Requirements and Guidelines in the Standards of Care Introduction). In addition, HIV/AIDS hospice services will respect inherent dignity of clients and will be client-centered, aiming to foster client self-determination.

Hospice services will be offered to medically indigent (uninsured or unable to get insurance), persons living in Los Angeles County. Programs will have written policies, procedures, protocols and standards of care for all services provided.

Hospice services will meet the following general standards:

- ◆ Provide culturally competent medical care, supervision and assistance
- ◆ Accept the responsibility for client well-being
- ◆ Provide health-related services according to State regulations and licensure requirements
- ◆ Minimize the need for clients to move to other settings
- ◆ Maximize the client’s dignity, autonomy, privacy, independence, choice and safety
- ◆ Use collaborative decision-making
- ◆ Accommodate the client’s changing needs and preferences within the scope of local and State regulations
- ◆ Encourage family and community involvement



Care includes pain and symptom management.

STANDARD	MEASURE
Hospice services will respect inherent dignity of clients and will be client-centered, aiming to foster client self-determination.	Supervision and program review to confirm.
Programs will have written policies, procedures, protocols and standards for all services they provide.	Policies, procedures, protocols and standards on file at provider agency.

HOSPICE SERVICES – GENERAL COMPONENTS

Hospice services provide 24-hour, culturally competent medical care, supervision and assistance for people living with HIV/AIDS who have been certified by a licensed physician as terminally ill.

Hospice care is provided to terminally ill individuals who have voluntarily chosen to receive such care in lieu of curative treatment.

Such services include:

- ◆ Nursing services
- ◆ Physical or occupational therapy or speech-language pathology
- ◆ Medical social services under the direction of a licensed physician
- ◆ Medical supplies and equipment
- ◆ Drugs and biologicals
- ◆ Physician services
- ◆ Counseling, including bereavement (for both client and family)
- ◆ Dietary counseling
- ◆ Spiritual counseling

Hospice services provide a palliative approach for patients to approach death with dignity and in relative comfort in a supportive atmosphere surrounded by family and/or significant others. Hospice advocates personal care and concern, living comfortably until death, the absence of pain, maintenance of personal control and treats the patient, family and significant others as the unit of care.

Hospice care includes symptom and pain control as well as the relief of emotional stresses.

Counseling services for the patient, family and significant other will also be available and may include (at minimum):

- ◆ End-of-life planning
- ◆ Stress management planning
- ◆ Psychological counseling

- ◆ Spiritual counseling
- ◆ Emotional and practical support concerning death/dying issues
- ◆ Group support
- ◆ Bereavement counseling up to one year following patient death

Care and support will be offered for each client so that he or she may live as fully and comfortably as possible within the context of her or his values and symptoms. Services will support the client’s choices and will be consistent with advance directives, values, spiritual preferences and life-long patterns of living, even though these decisions may involve increased risk or personal harm to the client.

A licensed physician can provide an initial certification for hospice services for up to six months or until the client no longer meets criteria. Should a client no longer meet the criteria of terminally ill, the client will be transitioned to a more appropriate level of services. If a client requires hospice services beyond six months, he or she can be recertified by a licensed physician.

RESIDENTIAL HOSPICES

Residential hospice services provide 24-hour, culturally competent medical care, supervision and assistance for people living with HIV/AIDS who have been certified by a licensed physician as terminally ill.

Services include (but are not limited to):

- ◆ Residential services
- ◆ Medical supervision
- ◆ Nursing and supportive care
- ◆ Pharmacy services
- ◆ Laundry services
- ◆ Dietary services

Programs providing residential hospice services must be licensed as a residential care facility for the chronically ill, congregate living health facility or a nursing facility level B with certification as a hospice provider and will operate in accordance with procedures adopted by DHSP, and consistent with federal, State and local laws and regulations. Residential care facilities for the chronically ill providing care for hospice patients must contract with a CDPH-licensed, Medicare-certified, DHSP-approved hospice program when providing such services on their premises.

STANDARD	MEASURE
Hospice services will respect inherent dignity of clients and will be client-centered, aiming to foster client self-determination.	Supervision and program review to confirm.
Programs will have written policies, procedures, protocols and standards for all services they provide.	Policies, procedures, protocols and standards on file at provider agency.
Hospice services will provide 24-hour, culturally competent care to people certified as terminally ill.	Program policy and procedure manual and schedule to verify.
Initial certifications will be up to six months or until the client no longer meets criteria. A licensed physician can recertify a client if he or she requires hospice services beyond six months.	Program review and monitoring to confirm.

STANDARD	MEASURE
Residential hospices will be licensed as a residential care facility for the chronically ill, congregate living health facility or a nursing facility level B with certification as a hospice provider and will comply with applicable procedures adopted by the DHSP and consistent with federal, State and local laws and regulations.	Licenses and program policy and procedure manual on file at provider agency. Program monitoring to verify.
Residential care facilities for the chronically ill will contract with a CDPH-licensed, Medicare-certified, DHSP-approved hospice program when providing such services on their premises.	Program review and monitoring to confirm. Copies of relevant licenses/certifications on file at provider agency.

HOME-BASED HOSPICE SERVICES

Hospice services can be provided in the patient’s home, as well as in residential facilities. Home-based hospice services will be provided in accordance with all of the standards set forth in this document, excluding those pertaining specifically for residential hospices.

STANDARD	MEASURE
Hospice services will be provided in a patient’s home according to the standards set forth in this document, excluding those pertaining specifically to residential hospices.	Program review and monitoring to confirm.

CLIENT EDUCATION

If a prospective client is found eligible and appropriate for services, prior to the full intake process, staff will provide the client with information about the service including (but not limited to):

- ◆ Policies and procedures
- ◆ Confidentiality
- ◆ Safety issues
- ◆ House rules and activities (when appropriate)
- ◆ Client rights and responsibilities
- ◆ Grievance procedures

STANDARD	MEASURE
Prior to intake, eligible clients will be educated about: <ul style="list-style-type: none"> • Policies and procedures • Confidentiality • Safety issues • House rules and activities • Client rights and responsibilities • Grievance procedures 	Record of education in progress notes on file in client chart.

ADVANCED DIRECTIVES

If a prospective client is found eligible and appropriate for services, prior to the full intake process, staff will discuss preparation of an advanced directive and assist the client in completing one if desired.

STANDARD	MEASURE
Prior to intake, eligible clients will be educated about advanced directives. Interested clients will be assisted in preparing advanced directives.	Record of advanced directive education in progress notes on file in client chart. Advanced directives on file in client chart as appropriate.

INTAKE

Client intake determines eligibility and includes demographic data, emergency contact information, next of kin and eligibility documentation. When possible, client intake will be completed in the first contact with the potential client. The complete intake process, including registration and eligibility, is required for every client at his or her point of entry into the service system. If an agency or other funded entity has the required information and documentation on file in the agency record for that client or in the countywide data management system, further intake is not required.

In the intake process and throughout HIV/AIDS hospice services delivery, client confidentiality will be strictly maintained and enforced. All programs will follow HIPAA guidelines and regulations for confidentiality. As needed, Release of Information forms will be gathered. These forms detail the specific person/s or agencies to or from whom information will be released as well as the specific kind of information to be released. New forms must be added for individuals not listed on the most current Release of Information (specification should indicate the type of information that can be released.)

As part of the intake process, the client file will include the following information (at minimum):

- ◆ Written documentation of HIV status
- ◆ Proof of Los Angeles County residency
- ◆ Verification of financial eligibility for services
- ◆ Date of intake
- ◆ Client name, home address, mailing address and telephone number
- ◆ Emergency and/or next of kin contact name, home address and telephone number

Required Forms: Programs must develop the following forms in accordance with State and local guidelines. Completed forms are required for each client:

- ◆ Release of Information (must be updated annually). New forms must be added for those individuals not listed on the existing Release of Information (specification should be made about what type of information can be released).
- ◆ Limits of Confidentiality (confidentiality policy)
- ◆ Consent to Receive Services
- ◆ Client Rights and Responsibilities
- ◆ Client Grievance Procedures

STANDARD	MEASURE
Intake process will begin during first contact with client.	Intake tool, completed and in client file, to include (at minimum): <ul style="list-style-type: none"> • Documentation of HIV status • Proof of LA County residency • Verification of financial eligibility • Date of intake • Client name, home address, mailing address and telephone number • Emergency and/or next of kin contract name, home address and telephone number

STANDARD	MEASURE
Confidentiality policy and Release of Information will be discussed and completed.	Release of Information signed and dated by client on file and updated annually.
Consent for Services will be completed.	Signed and dated Consent in client file.
Client will be informed of Rights and Responsibility and Grievance Procedures.	Signed and dated forms in client file.

ASSESSMENT

In addition to documenting eligibility for services, programs will assess clients to obtain information required for recommending the most appropriate course of treatment.

Assessment will include (but not be limited to):

- ◆ Age
- ◆ Health status
- ◆ HIV prevention needs
- ◆ Family composition and status
- ◆ Need for palliative care
- ◆ Record of medications and prescriptions
- ◆ Ambulatory status
- ◆ Cognitive assessment
- ◆ Special housing needs
- ◆ Level of independence
- ◆ Level of resources available to solve problems
- ◆ Co-morbidity factors
- ◆

If it is determined in the assessment that the program cannot meet a client’s needs, the client will be referred to an appropriate provider.

STANDARD	MEASURE
<p>Clients will be assessed in the following areas (at minimum):</p> <ul style="list-style-type: none"> • Age • Health status • HIV prevention needs • Family composition and status • Need for palliative care • Medications and prescriptions • Ambulatory status • Cognitive assessment • Special housing needs • Level of independence • Available resources • Co-morbidity factors • Estate planning • Psychological needs 	Signed, dated assessment on file in client chart.
If program cannot meet the needs of the client, a referral to an alternate provider must be made.	Referrals on file in client chart for those clients whose needs cannot be addressed by program.

NEEDS AND SERVICES PLAN

Based upon the initial assessment, staff will complete needs and services plan that

identifies the type and duration of services provided during the client’s stay in the facility and includes the plan review and reevaluation schedule. Initial plans must be completed within 24 hours of admission into services. Comprehensive plans must be completed within seven days.

Staff will explore with the client all available, alternative options for service provision, including:

- ◆ Referral to a more appropriate agency
- ◆ Complementary and alternative therapies
- ◆ Nursing care
- ◆ Psychiatric/psychological care
- ◆ Social services
- ◆ Spiritual support
- ◆ Rehabilitation medicine
- ◆ Pain management, palliative care and appropriate medication treatment directed by the primary care physician

Program staff will regularly observe each client for changes in physical, mental, emotional and social functioning, as well as the need for palliative care. Needs and services plans* will be discussed and documented, at minimum, in bimonthly interdisciplinary case conferences, or as clients’ needs change.

(*Needs and services plans comply with contract/licensure requirements, and are reflective of individual service plans noted in other standards.)

STANDARD	MEASURE
Initial needs and services plan will be completed within 24 hours of admission; comprehensive plans will be completed within seven days.	Needs and services plan on file in client chart signed by client detailing services and plan review and reevaluation schedules.
Bimonthly interdisciplinary case conferences will be held to discuss needs and services plans.	Record of case conferences on file at provider agency.

MEDICAL SUPERVISION

No client will be admitted, accepted for care or discharged without the order of a physician. All persons admitted for care will remain under the continuing supervision of a physician who evaluates them as needed or at least every 30 days. All physician visits will be documented in the patient health record.

Doctors caring for people living with HIV/AIDS should demonstrate expertise in the treatment of HIV disease. Every effort should be made to facilitate a client’s continued treatment with his or her primary HIV care doctor. If a client is too ill to leave a facility, programs must have in place a plan for obtaining consultation from an HIV/AIDS medical expert.

STANDARD	MEASURE
All patients receiving hospice services will be under the supervision of a physician and evaluated at least every 30 days.	Record of physician evaluation on file in client health record.

SKILLED NURSING CARE

Licensed staff, within the scope of their specific licensure, will provide services that require substantial specialized nursing skill including (but not limited to):

- ◆ Assessing patient need and condition
- ◆ Planning and implementing patient care
- ◆ Reviewing, evaluating and updating patient care plans
- ◆ Administering prescribed medications and treatments
- ◆ Recording clinical and progress notes in patients’ health records

STANDARD	MEASURE
Licensed staff will (at minimum): <ul style="list-style-type: none"> • Assess patient need/condition • Plan and implement patient care • Review, evaluate and update care plans • Supervise attendants/volunteers • Administer medications and treatments • Record notes in health records 	Program review and monitoring to confirm.

ATTENDANT CARE

Attendants will function under the supervision of a RN or LVN and will (at minimum):

- ◆ Assist with personal care (bathing, dressing grooming, oral hygiene, skin care, etc.)
- ◆ Assist patients with meal consumption
- ◆ Monitor and record vital signs
- ◆ Assist patients in and out of bed and with ambulation
- ◆ Assist patients to bathroom or with bedpan use
- ◆ Change bed linens
- ◆ Assist with range of motion exercises
- ◆ Report changes in patients’ conditions or needs to nursing supervisor
- ◆ Maintain clinical notes in accordance with patients’ care plans

STANDARD	MEASURE
Attendants will be supervised by an RN or LVN and will (at minimum): <ul style="list-style-type: none"> • Assist with personal care • Assist patients with meals • Monitor and record vital signs • Assist patients in and out of bed and with ambulation • Assist patients with bathroom/bedpan use • Change bed linens • Assist with range of motion • Report changes in patient’s conditions/needs • Maintain clinical notes 	Program review and monitoring to confirm.

PHARMACEUTICAL SERVICES

Programs providing hospice services will also include pharmaceutical services to include (but not be limited to):

- ◆ Prescribed drugs and pharmaceuticals obtained on a timely basis
- ◆ Proper storage and disposition of drugs and biologicals in accordance with federal and State regulations

- ◆ Proper storage, disposition and record maintenance of controlled drugs in compliance with the Federal Comprehensive Drug Abuse Prevention and Control Act of 1970
- ◆ Pharmacist services on a consultative basis

STANDARD	MEASURE
At minimum, programs will provide the following pharmaceutical services: <ul style="list-style-type: none"> • Obtaining drugs/biologicals • Storage/disposition of drugs within federal and State regulations • Storage/disposition/record maintenance of controlled drugs in compliance with federal law • Consulting pharmacist services 	Program review and monitoring to confirm.

SOCIAL-RECREATIONAL SERVICES

Patients will be encouraged to participate in activities planned around their individual needs. Activity programs will have a written, planned schedule of social and other independent or group activities. Such programs will be designed to stimulate physical and mental capabilities and enable patients to maintain the highest attainable social, physical and emotional functioning. Individual and group activities will include (but not be limited to):

- ◆ Social activities
- ◆ Activities away from the facility (when appropriate)
- ◆ Creative activities
- ◆ Educational activities
- ◆ Spiritual activities
- ◆ Opportunities for patients to help plan activities

STANDARD	MEASURE
Activity programs will be planned to stimulate patients' capabilities and maintain functioning.	Written activity plans on file at provider agency. Program review and monitoring to confirm.

VOLUNTEER ASSISTANCE

Volunteers will be recruited, screened, trained and monitored in accordance with CDPH and/or DSS regulations. Volunteers will not be used as substitutes for required personnel. They may, however, provide companionship, respite care, errands and emotional/spiritual support to patients in hospice care.

Volunteers providing patient care services will:

- ◆ Be provided with clearly defined roles and written job descriptions
- ◆ Receive orientation and HIV/AIDS training which emphasizes sensitivity to cultural, gender and sexual orientation issues
- ◆ Have education and experience equal to that required of paid staff performing similar functions
- ◆ Conform to policies and procedures
- ◆ Receive periodic performance evaluations

STANDARD	MEASURE
Volunteers will be recruited, screened, trained and monitored in accordance with CDPH and/or DSS regulations.	Volunteer files kept in provider agency to include: <ul style="list-style-type: none"> • Defined roles/job descriptions • Record of orientation/training • Documentation of appropriate education and experience • Copies of performance evaluations

CONTAGIOUS AND INFECTIOUS DISEASE MANAGEMENT

All clients in residential hospice programs must meet County of Los Angeles Department of Public Health Tuberculosis Control Program admission requirements (<http://lapublichealth.org/tb/index.htm>). Each patient upon admission and annually thereafter will have a written certification from a licensed physician or other duly authorized health care professional that he or she is free from infectious tuberculosis (TB).

If a client is suspected of having an infectious or contagious disease other than HIV, he or she should be isolated and a physician should be consulted to determine the suitability of that client’s continued residence in the program.

STANDARD	MEASURE
Clients must meet County of Los Angeles Department of Public Health Tuberculosis Control Program admission requirements.	Program review and monitoring to confirm.
Upon admission and annually all patients will have a certification that he or she is free from infectious TB.	Certifications on file in client chart.
Clients exhibiting symptoms of infectious or contagious disease will be isolated until a physician is consulted.	Record of isolation and physician consult on file in client chart.

REFERRAL SERVICES

Programs providing hospice services will demonstrate active collaboration with other agencies to provide referral to the full spectrum of HIV-related services. Programs must maintain a comprehensive list of target providers including, but not limited to, the HIV LA Resources Directory. Referrals for services should be made at any point at which the needs of the client cannot be met by the facility and should be documented as part of the needs and services plan.

STANDARD	MEASURE
Programs will demonstrate active collaboration with providers.	Memoranda of Understanding on file at provider agency.
Programs must maintain a list of target providers for full spectrum of HIV-related services.	Referral list on file at provider agency.
Programs will refer clients to additional services as needed.	Signed, dated progress notes on file in client chart to detail referrals and linkages.

SUPPORTIVE SERVICES

Programs providing hospice services will provide or coordinate the following services (at minimum):

- ◆ Personal and supportive services (assistance with activities of daily living and instrumental activities of daily living)
- ◆ Health-related services (e.g., medication management)
- ◆ Social services
- ◆ Family bereavement counseling (for hospice programs)
- ◆ Recreational activities
- ◆ Meals
- ◆ Housekeeping and laundry
- ◆ Transportation

STANDARD	MEASURE
Programs will provide or coordinate the following (at minimum): <ul style="list-style-type: none"> • Personal and supportive services • Health-related services • Social services • Family bereavement counseling • Recreational activities • Meals • Housekeeping and laundry • Transportation 	Program policy and procedures to confirm. Record of services and referrals on file in client chart.

EMERGENCY MEDICAL TREATMENT

Programs will develop written policies for staff regarding how to access emergency medical treatment. Patients who require emergency medical treatment of illness or injury will be transported to an appropriate medical facility.

STANDARD	MEASURE
Programs will develop emergency medical treatment policies.	Emergency medical treatment policy on file at provider agency.
Patients who require emergency medical treatment will be transported to appropriate medical facility.	Progress note recording transportation and referral to appropriate medical facility on file in patient chart.

RESIDENTIAL SERVICES

Residential hospice providers will provide the following services within their residential components:

- ◆ Lodging in a clean, safe home-like residential setting that complies with all State regulations
- ◆ Three meals a day and additional nourishment to meet each patient’s basic nutritional needs, including special dietary needs in accordance with physician’s orders
- ◆ A bedroom with no more than two patients, including an individual bed and fresh linens
- ◆ Equipment and supplies as necessary for the patient’s personal care and hygiene
- ◆ Accessible working telephone
- ◆ Laundry service or facilities
- ◆ Adequate space and privacy for patient to receive visitors

STANDARD	MEASURE
Residential hospice services will provide the following: <ul style="list-style-type: none"> • Lodging that complies with all State regulations • Three meals a day and additional nourishment • A bedroom with no more than two patients, including an individual bed and fresh linens • Equipment and supplies as necessary • Telephone • Laundry service or facilities • Private visiting space 	Program review and monitoring to confirm.

PROGRAM RECORDS

Programs will maintain records on each patient in sufficient detail to permit monitoring and evaluation of services and in accordance with the California Code of Regulations to include (at minimum):

- ◆ Patient data, including dates of admission and discharge and emergency notification information
- ◆ Signed copy of the admission agreement
- ◆ Name, address and phone number of physician, case manager and other medical or mental health providers
- ◆ Name, address and phone number of any person or agency responsible for the patient’s care (including those granted durable power of attorney or conservators)
- ◆ Medical assessment, including ambulatory status
- ◆ Physician orders
- ◆ Documentation of HIV status
- ◆ Written certification from authorized health care professional that the patient is free from active TB
- ◆ Written certification from a licensed physician that a patient has a terminal or life-threatening illness
- ◆ Current, individualized care plan
- ◆ Documentation of all services provided to patients by various professional and paraprofessional personnel
- ◆ Medication record
- ◆ Documentation of observations and assessments made about patient’s physical and/or mental condition

STANDARD	MEASURE
Programs will maintain sufficient records on each patient.	Client records on file at provider agency that include (at minimum): <ul style="list-style-type: none"> • Dates of admission/discharge, emergency notification information • Admission agreement • Physician, case manager and other provider contact information • Other responsible person's or agency's contact information • Medical assessment • Physician orders • Documentation of HIV status • TB clearance • Certification of terminal or life-threatening illness • Care plan • Documentation of services • Medication record • Physical and mental condition observations and assessment
Notes will be dated and include (at minimum): <ul style="list-style-type: none"> • Type of service provided • Patient's response to services • Signature and title of provider 	Program review and monitoring to confirm.

DISCHARGE PLANNING

Hospice services are designed for people who require 24-hour care and supervision. Discharge planning services will include a weekly evaluation of each patient's medical and functional suitability for remaining in hospice services. Based on this evaluation, if a patient should require relocation to a more appropriate level of care, program staff will initiate a linked referral and assist the patient with relocation.

STANDARD	MEASURE
Patients will be evaluated on a weekly basis to determine suitability for hospice and/or nursing facility services.	Weekly evaluations on file in patient chart.
Those patients who no longer require 24-hour care will be provided a linked referral and relocation assistance to a more suitable provider.	When appropriate, record of discharge services on file in patient chart.

STAFFING REQUIREMENTS AND QUALIFICATIONS

At minimum, all hospice staff and volunteers will be able to provide linguistically and culturally appropriate care to people living with HIV/AIDS and complete documentation as required by their positions. Hospice services staff and volunteers will complete an agency-based orientation within seven days of being hired or providing services that includes client confidentiality and HIPAA regulations. In addition, all new staff and volunteers must receive at least eight hours of HIV/AIDS education, preferably prior to providing services to people living with HIV/AIDS, with an annual refresher course. Training that emphasizes sensitivity to culture, gender and sexual orientation must be provided.

Direct care staff and volunteers will be knowledgeable about the HIV disease process and the psychological effects of living with HIV/AIDS, as well as the co-morbidities of substance abuse and mental illness and their effects on the management of HIV illness.

Staff providing hospice services will have the knowledge and skills required to provide hospice services evidenced by licensure, or in the case of certified nurse aides, as evidenced by appropriate training and/or experience and/or certification. All staff who provide direct-care services and who require licensure must be properly licensed by the state of California. Non-licensed or certified direct care staff and volunteers will have appropriate training, experience or certification.

Periodic staff and volunteer training is required to ensure the continued delivery of quality services. Appropriate staff will be provided training regarding the continuum of care for people living with HIV/AIDS, especially the function of medical case management, and the client referral process. All staff will be provided with quarterly training on palliative and terminal care.

Supervision is required of all staff and volunteers in order to provide guidance and support. Direct-care staff and volunteers will be provided with a minimum of one-hour client care-related supervision per month.

STANDARD	MEASURE
Hospice services staff and volunteers will be able to provide linguistically and culturally appropriate care and complete documentation as required by their positions.	Resumes and record of training in employee/volunteer file to verify.
Staff/volunteers will receive an agency orientation (including HIPAA and confidentiality) within seven days and, HIV training within three months of employment with annual refreshers. Cultural, gender and sexual orientation sensitivity training is also required.	Record of orientation and training in employee/volunteer file.
All direct-care staff that require licensure or certification must be licensed by the state of California or certified by their respective professional organizations.	Copies of licenses and certifications on file at provider agency.
Periodic staff training is required; quarterly training on palliative/terminal care is required.	Record of staff trainings on file at provider agency.
Direct-care staff/volunteers will be provided at least one hour client care-related supervision per month.	Record of supervision on file at provider agency.

Staff will provide services in accordance with applicable federal and State laws, as well as CDPH and DSS rules and regulations governing staffing qualifications, requirements and ratios.

DIRECT-CARE STAFF

Programs will ensure that all direct-service staff are appropriately trained and that all services requiring specialized skills are performed by licensed or certified personnel. In residential settings, at least one direct-care staff person must be on duty whenever residents are present. A staff member trained in CPR will be on duty at all times. Staffing ratios will be maintained in accordance to CDPH or DSS licensure.

- ◆ **RN:** All hospice services will provide adequate nursing care to meet patient need. Such nursing care and services must be provided by or under the supervision of an RN.
- ◆ **Social worker:** Under the direction of a licensed physician, medical social services will be provided by a social worker with at least a Bachelor’s degree in social work from a school accredited by the Council on Social Work Education (CSWE)
- ◆ **Attendants (certified nursing assistants and home health attendants):** A full-time or part-time attendant may function as part of the care team when indicated.

- ◆ **Occupational therapist:** A full-time, part-time or consulting occupational therapist may be available to meet client needs as indicated (optional service)
- ◆ **Physical therapist:** A full-time, part-time or consulting physical therapist may be available to meet client needs as indicated (optional service).

Drugs and biologicals will be administered by the following individuals (only):

- ◆ Licensed nurse or physician
- ◆ Employee who has completed a State-approved training program in medication administration
- ◆ Patient (with the approval of the attending licensed physician)
- ◆ Other individual in accordance with applicable State and local laws.

STANDARD	MEASURE
Programs will maintain administrative staff in accordance with applicable federal and State laws, as well as CDPH and DSS rules and regulations governing staffing qualifications, requirements and ratios.	Staff plan and program review and monitoring to confirm.
Programs will maintain direct care staff in accordance with applicable federal and State laws, as well as CDPH and DSS rules and regulations governing staffing qualifications, requirements and ratios.	Staff plan and program review and monitoring to confirm
Drugs will be administered by (only): <ul style="list-style-type: none"> • Licensed nurse or physician • Employee with approved medication administration training • Patient (approved by licensed physician) • Other individual in accordance with applicable State and local laws. 	Persons authorized to administer specified in needs and services plan on file in client chart.

UNITS OF SERVICE

Unit of service: Units of service (defined as reimbursement for hospice services) are based on services provided to eligible clients.

- ◆ **Residential hospice service units:** Calculated in number of resident days provided

Number of clients: Client numbers are documented using the figures for unduplicated clients within a given contract period.

REFERENCES

- County of Los Angeles, HIV Epidemiology Program (2008). *HIV/AIDS Semi-Annual Surveillance Survey* (available online at http://lapublichealth.org/wwwfiles/ph/hae/hiv/HIVAIDS%20semiannual%20surveillance%20summary_January2008.pdf) Department of Health Services, Los Angeles.
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ACRONYMS

AIDS	Acquired Immune Deficiency Syndrome
CDPH	California Department of Public Health
CSWE	Council on Social Work Education
DHCS	Department of Health Care Services
DHSP	Division of HIV and STD Programs
DSS	Department of Social Services
HIPAA	Health Insurance Portability and Accountability Act
HIV	Human Immunodeficiency Virus
LVN	Licensed Vocational Nurse
RN	Registered Nurse
STD	Sexually Transmitted Disease
TB	Tuberculosis