

# CALIFORNIA LICENSURE SURVEY PREP



HOSPICE



FOR PROVIDERS.  
BY PROVIDERS.



This information is intended to provide an abbreviated version of the California licensure requirements in preparation for an ACHC licensure survey. For a complete listing of the regulations, visit [leginfo.legislature.ca.gov](http://leginfo.legislature.ca.gov).

**All policies must be available for the Surveyor to review once they arrive on site. Please flag the identified policies for review.**

## POLICIES AND PROCEDURES

- Written administrative policies and procedures per Section 6.2 of the California Hospice & Palliative Care Association Standards of Quality Hospice Care, 2005 at [https://calhospice.org/included/docs/regulatory/Standards\\_of\\_Quality.pdf](https://calhospice.org/included/docs/regulatory/Standards_of_Quality.pdf). These policies and procedures shall be made available to patients/families or their agents upon request. These policies and procedures shall include, but not be limited to:
  - Patients shall be accepted for care and be cared for without discrimination on the basis of age, sex, sexual orientation, mental or physical handicap, race, color, religion, ancestry, or national origin.
  - Charges for care or services.
  - Causes for termination of services.
  - Patients shall be accepted for treatment on the basis of a reasonable expectation that the patient's needs can be met by the program. Such reasonable expectations shall be based on an assessment of at least the following factors:
    - A physician certifying a prognosis of a terminal illness with a prognosis of six months or less, if the disease follows its natural course
    - A plan to meet medical and non-medical emergencies
    - Physical facilities adequate for proper care and a safe environment for patients and program staff
  - Discharge of patients. Criteria for discharge may include:
    - Death of the patient
    - The patient's condition has changed so he/she is no longer considered eligible for services
    - The patient and family or attending physician requests discharge
    - The patient/family is unwilling to comply with the plan of care, and consistently acts in a way that compromises standards of care
    - Issues of staff safety cannot be resolved
    - The patient moves from the geographic area served by the program
    - The patient and family elects to receive care from another provider
    - Subject to applicable contracts and state and federal laws, payment sources are exhausted and the program is fiscally unable to provide free or partial-cost care
    - The program is closing
  - Patient care policies and procedures that govern record keeping and all services provided shall be established and followed.
  - Program evaluation.
  - Protecting patients from exposure to infectious diseases.
  - Personnel policies shall include qualifications, responsibilities, and conditions of employment. Policies and procedures shall be available to all personnel. Policies and procedures shall include, but are not limited to:
    - Hours of work, wage scales, vacation, and sick leave
    - Orientation and continuing in-service training

- A plan for an annual evaluation of employee performance
  - Specific job descriptions for each category of personnel, including qualifications, duties, and activities
  - Requirement for all employees and volunteers with direct patient contact to have a background check as required by law prior to assignment to duties
- Compliance with the Patient Self-Determination Act.
- Patient care during a disaster.

Written policies and procedure are established regarding the disposal of controlled drugs that are maintained in the patient's home. Policies and procedures to include:

- Safe use and disposal of controlled drugs in the patient's home
- A process for disposing of controlled drugs when the drugs are no longer needed by the patient

Written policies and procedures regarding Emergency Preparedness to include, at a minimum:

- Procedures to follow up with on-duty staff and patients to determine services that are needed, in the event that there is an interruption in services during or due to an emergency. The hospice must inform state and local officials of any on-duty staff and patients that they are unable to contact.
- Procedures to inform state and local officials about hospice patients in need of evacuation from their residences at any time due to an emergency situation based on the patient's medical and psychiatric condition and home environment.
- A system of medical documentation that preserves patient information, protects confidentiality of patient information, and secures and maintains the availability of records.
- The use of hospice employees in an emergency and other emergency staffing strategies, including the process and role for integration of state and federally designed health care professionals to address surge needs during an emergency.
- The development of arrangements with other hospices and other providers to receive patients in the event of limitations or cessation of operations to maintain the continuity of services to hospice patients.

Written policies and procedures regarding criteria to determine appropriate level of care and the criteria for changes in the level of care and documentation requirements to support level of care.

Written policies and procedures are established that describe the method for assessing the skills and competency of all individuals furnishing care, including volunteers furnishing services and, as necessary, provide in-service training and education programs where required. All personnel receive training and/or education and competently perform the required patient care/service activities prior to being assigned to work independently. Policies to include, at a minimum:

- The minimum education and training, licensure, certification and experience, and the minimum competencies required for each service/care offered, as well as the method for documenting that personnel have received the required training (e.g., certificates, diplomas, etc.).
- Skill competency assessments are specific to each discipline.
- There is a plan in place for addressing performance and education of personnel when they do not meet competency requirements.
- Hospice aides must receive at least 12 hours of in-service training annually.

Written policies and procedures are established in regard to the Compliance Program detailing what actions the hospice takes to prevent fraud and abuse to include, at a minimum:

- Implementation of written policies, procedures, and standards of conduct
- Designation of a Compliance Officer and Compliance Committee
- Conducting effective training and education programs

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- Development of open lines of communication between the Compliance Officer and/or Compliance Committee and hospice personnel for receiving complaints and protecting callers from retaliation
  - Performance of internal audits to monitor compliance
  - Establishing and publicizing disciplinary guidelines for failing to comply with policies and procedures, applicable statutes, and regulations
  - Prompt response to detected offenses through corrective action
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- Written policies and procedures are consistent with HIPAA standards to include, at a minimum:
  - Conditions for release of information
  - Backup procedures that include, but are not limited to:
    - Electronic transmission procedures
    - Storage of backup disks and tapes
    - Methods to replace information if necessary
  - A description of the protection and access of computerized records and information
  - Personnel authorized to enter information and review the records
  - Who can have access to patient records
  - Retention of records even if the agency discontinues operations and must inform the state agency where clinical records will be maintained

## OBSERVATION

- The hospice is an established entity and has the appropriate Articles of Incorporation or other documentation of legal authority.

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- There is an organizational chart which clearly defines lines of authority.

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- The hospice has an operating budget.

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- The hospice has a written list of charges for services provided that is available prior to the admission of patients.

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- Any marketing and instructional materials use lay language and provide a general description of services.

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- There are Business Associate Agreements for any businesses that have access to Protected Health Information, as applicable.

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- The hospice has a designated Medical Director and an alternated Medical Director prior to the admission of patients.

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- The hospice is able to provide all four levels of care prior to the admission of patients.

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- The hospice is able to provide all core and non-core services prior to the admission of patients.

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- The hospice has an Emergency Preparedness Plan that includes a communication plan.

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- The Administrator organizes and directs the hospice's ongoing functions and maintains ongoing liaisons among the governing body/owner and the personnel, including, at minimum:
  - Directing the hospice's ongoing day-to-day operations
  - Maintaining ongoing liaisons among the governing body and personnel
  - Ensuring that the hospice employs qualified personnel, including ensuring the development of personnel qualifications and evaluations
  - Ensuring the accuracy of public information, materials, and activities
  - Implementing an effective budgeting accounting system

## GOVERNING BODY

- The governing body shall assume full legal authority and responsibility for the operation of the hospice. Governing body minutes should reflect:
  - Decision-making
  - Appointing a qualified administrator
  - Arranging for professional advice
  - Adopting and periodically reviewing written bylaws or equivalent
  - Establishing or approving written policies and procedures governing operations
  - Human resource management
  - Quality Assessment and Performance Improvement (QAPI)
  - Community needs planning, if applicable
  - Oversight of the management and fiscal affairs of the hospice
  - Annual review of the policies and procedures

- There is a description of the governing body that includes name, address, and telephone number for each member.

- There is evidence the governing body members receive an orientation to their responsibilities that includes:
  - Organizational structure
  - Confidentiality practices and signing of a confidentiality agreement
  - Overview of programs and initiatives
  - Hospice philosophy
  - Personnel and patient grievance/complaint policies and procedures
  - Responsibility for the QAPI Program
  - Organizational ethics
  - Conflicts of interest

## PERSONNEL RECORDS

- The Hospice has an Administrator who is a hospice employee and possesses the education and experience required by the governing body.
- The Administrator's job description includes, at a minimum:
  - Directing the hospice's ongoing day-to-day operations
  - Maintaining ongoing liaisons among the governing body and personnel
  - Ensuring that the hospice employs qualified personnel, including ensuring the development of personnel qualifications and evaluations

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- Ensuring the accuracy of public information, materials, and activities
  - Implementing an effective budgeting accounting system
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The hospice has an Alternate Administrator who is a hospice employee and possesses the education and experience required by the governing body.

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Alternate Administrator has a signed job description for this role and has evidence of orientation for this role.

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In the temporary absence (in excess of 20 consecutive working days) of the Director of Patient Care Services, a Registered Nurse shall be designated in writing as responsible for fulfilling the duties of Director of Patient Care Services.

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Any vacancy in the Director of Patient Care Services position shall be filled within sixty (60) days of the vacancy and the Department notified of the replacement.

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The Director of Patient Care Services shall qualify for the position by fulfilling the requirements under one of the following categories:

- A Registered Nurse with a baccalaureate or higher degree in nursing or other health-related field with three years of experience within the last five years in a hospice or home health agency, primary care clinic, or health facility, at least one year of which was in a supervisory or administrative capacity; or
- A Registered Nurse with four years' experience within the last five years in a hospice, home health agency, primary care clinic, or health facility, at least one year of which was in a supervisory or administrative capacity.

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Personnel files contain evidence that personnel credentialing activities are conducted to verify qualification of credentialed/licensed personnel at hire and at renewal.

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A hospice shall obtain criminal background checks for its employees, volunteers, and contractors in accordance with federal Medicare conditions of participation (42 C.F.R. Part 418 et seq). The hospice shall pay the costs of obtaining a criminal background check.

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Personnel files contain evidence of state and (FBI) federal criminal background checks for all Aides, personnel care aides, LVNs, CNAs, OTAs, PTAs, and RNs per Welfare and Institutions Code Sec. 12301.6, 12305.81, & Sec. 15660.

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## STAFF INTERVIEW QUESTIONS

All staff are able to discuss how the hospice receives, reports, and resolves any patient grievances/complaints.

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The Administrator CEO/Owner is aware of the procedure for reporting a change in ownership, management, and/or Governing Body to CMS.

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## MOCK-UP CLINICAL RECORD/PATIENT ADMISSION INFORMATION

Patient admission packet to include, at minimum:

- Consent
- Information regarding services provided under the Hospice Medicare Benefit
- Advance Directives
- Patient confidentiality

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- Patient charges
- Consent to release information not authorized by law
- Patient Education Materials
- Patient Rights and Responsibilities statement

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The Patient Rights and Responsibilities statement includes the ACHC requirements per ACHC Standard HSP2-2A.

The identified policies will be reviewed on site to ensure compliance with ACHC Standards.  
Compliance with all Medicare CoPs and ACHC Hospice Standards is required for a Medicare certification survey.