



This information is intended to provide an abbreviated version of the Missouri licensure requirements in preparation for an ACHC licensure survey. For a complete listing of the regulations, visit <http://health.mo.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 policies and procedures are established in regard to drugs that may be possessed by any licensed nurse of a hospice agency and used in the usual course of business without being licensed as a pharmacist or a pharmacy. Policies and procedures address, at a minimum:
 - Specific drugs authorized to be possessed by the agency and the nurse
 - Indications for use of the drugs possessed
 - Receiving physicians' orders for administration of the drugs
 - Leaving drugs with the patient for routine care procedures
 - Conditions for storage and transport of the drugs by the agency and the nurse
 - Quantity of drugs possessed by the agency and the nurse

- Written policies and procedures describe the utilization of standing orders to address, at a minimum:
 - The time frame for authorized prescriber notification when a standing order has been implemented
 - Standing order content shall be reviewed and approved by the medical director at least annually

- Written policies and procedures describe the safe and effective use of medications, in accordance with accepted professional standards and applicable laws and regulations. The policies and procedures address, at a minimum:
 - A medication list shall be maintained for each patient
 - Medication orders shall include the medication name, dose, frequency and route of administration
 - Orders with variable doses or frequencies shall specify a maximum dose or frequency and the reason for administration
 - Medications shall be provided on a timely basis and medication services shall be available on a 24-hour basis for emergencies
 - When controlled substance medications are delivered to the patient's residence by hospice staff, the date, patient name, medication name and strength, quantity indicated on the prescription container, and signatures of the hospice staff member and the receiver shall be documented
 - The hospice shall identify and document any misuse of controlled substances and shall notify the prescriber
 - Medications shall be administered by persons who have statutory authorization, the patient, or a family member

- Administration by the patient or by a family member shall be evaluated for appropriateness and ability and this evaluation documented by the nurse
 - Medication incidents, including medication errors and adverse medication reactions, shall be reported to the prescriber, the registered nurse coordinator and the pharmacist
 - The hospice must have a policy for the disposal of controlled substances maintained in the patient's home when those medications are no longer needed by the patient. The policy shall include at minimum, information shared with family regarding disposition of medications when no longer required
 - Medications shall not be transferred to other patients and shall not be removed from the residence by hospice staff
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Written policies and procedures are established that address (verbal) oral orders, including authorization to use a standing order, shall be received only by persons authorized within their scope of practice, immediately reduced to writing, signed and dated by the person receiving the order and signed and dated by the prescriber within 30 days.

Written policies and procedures are established that address the plan of care is reviewed and updated by the interdisciplinary group at a minimum of every two weeks.

Written policies and procedures are established that address the process for discharging a patient receiving hospice services which include:

- The hospice shall immediately notify the patient or representative and shall include the date that the discontinuance is effective
 - Patient's/family's continuing care needs, if any, are assessed at discharge, and the patient/family are referred to appropriate resources
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Written policies and procedures for the infection control program address, at a minimum:

- A system for periodic review and update of infection control policies and procedures
 - A monitoring of practices and potential exposure to infection and of employee health and compliance with policies and procedures
 - Conformity with accepted standards of practice and address personal hygiene, aseptic and isolation techniques, waste disposal, and supply and medication storage
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Written policies and procedures are established for the disposal of controlled drugs that are maintained in the patient's home that address, at a minimum:

- 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
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Written policies and procedures are established for when hospice personnel deliver controlled substances to a patient residence the following is done:

- Personnel documents any misuse of controlled substances and notified the prescriber
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- There is documentation in the patient record that when controlled substance medications are delivered to the patient's residence by hospice staff, the date, patient name, medication name and strength, quantity indicated on the prescription container, and signatures of the hospice staff member and the receiver are documented.
 - Medications shall not be transferred to other patients and shall not be remove from the residence by hospice personnel
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Written policies and procedures describe the cleaning, storing, accessing and distributing hospice-owned equipment.

- Written policies and procedures describe access to all services, medications, equipment and supplies and address, at a minimum:
- During regular business hours
 - After-hours and in emergency situations
 - Plan for prompt telephone response
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Written policies and procedures establish the hospice's criteria regarding the palliative care (that includes treatment modalities such as chemotherapy or radiation).

Written policies and procedures describe patients' right to confidentiality of the clinical records maintained by the hospice and to be informed of the hospice's policy for disclosure of clinical records.

- Written policies and procedures are established in regard to bereavement care services to address, at a minimum:
- Within two months following the patient's death, there shall be an assessment of risk of the bereaved individual and a plan of care that extends for one year appropriate to the level of risk assessed
 - In addition to the assessment, at least one bereavement visit (other than funeral attendance/visitation) shall occur within six months after the death of the patient
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- Written policies and procedures are established in regard to a spiritual assessment which addresses, at a minimum:
- Completing the spiritual assessment within seven days of admission
 - Spiritual care provided reflects assessed needs
 - The identification of any religious affiliation the patient and family may have
 - The nature and scope of any spiritual concerns or needs identified
 - A visit by the spiritual counselor offered to each patient. If the patient declines spiritual counselor visits, the spiritual counselor will serve as a resource for other interdisciplinary team members assessing spiritual needs and providing care, and will be available to coordinate with other spiritual care providers the patient/family may have identified
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Written policies and procedures are established that outline the additional orientation requirements for direct patient care employees (including contract employees), which includes but is not limited to:

- The hospice goals and services
 - Interdisciplinary group function and responsibility
 - Plan of care
 - Facility resident care
 - Levels of hospice care
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Written policies and procedures are established that outline the additional orientation requirements for volunteers, which includes but is not limited to:

- Communication skills
 - Care and comfort measures
 - The concept of hospice patient and family as the unit of care
 - Procedures following the death of the patient
 - Concepts of grief and loss
 - Hospice and the nursing home
 - Alzheimer's disease and dementia-specific training as specified at 19 CSR 30-35.010(2)(M)1.B.(XIII)
 - Whom to contact if in need of assistance or instruction regarding the performance of their specific duties and responsibilities
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The hospice has a Compliance Program which details actions the organization takes to prevent violations of the fraud and abuse. The guidelines address, 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
 - Performance of internal audits to monitor compliance
 - Prompt response to detected offenses through corrective action
 - 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
 - Establishing and publicizing disciplinary guidelines for failing to comply with policies and procedures applicable statutes and regulations
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Written policies and procedures are established in regard to the required orientation on dementia-specific training about Alzheimer's disease and related dementias for employees, volunteers and independent contractors who provide direct care to patients. The training includes, at a minimum:

- An overview of Alzheimer's disease and related dementias
 - Communicating with persons with dementia
 - Behavior management
 - Promoting independence in activities of daily living
 - Understanding and dealing with family issues
 - Dementia-specific training about Alzheimer's disease and related dementias shall be incorporated into orientation for new employees with direct patient contact and independent contractors with direct patient contact. The training shall be presented by an instructor who is qualified by education, experience, and knowledge in the current standards of practice regarding individuals with Alzheimer's disease and other related dementias. The training shall be provided annually and updated as needed.
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- Written policies and procedures are established which 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. Written policies and procedures address, at a minimum:
- The minimum education and training, licensure, certification, 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.)
 - Skills competency assessments are specific to each discipline (a self-assessment tool alone is not acceptable)
 - There is a plan in place for addressing performance and education of personnel when they do not meet competency requirements.

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- Written policies and procedures are established describing the method for assessment of competencies and maintaining a written description of the in-service training provided during the previous 12 months.

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- The agency has a written statement and/or a written policy regarding patient rights that address, at a minimum:
- To exercise one's rights as a patient of the hospice
 - Receive information about the services covered under the Medicare hospice benefit
 - Receive information about the scope of services that the hospice will provide and specific limitations on those services
 - Be fully informed in advance about care/service to be provided, including the disciplines that furnish care and the frequency of visits, as well as any modifications to the plan of care
 - Be informed of the alternatives to care and payment resources
 - Be informed, both orally and in writing, in advance of care being provided, of the charges, including payment for care/service expected from third parties and any charges for which the patient will be responsible
 - Participate in the development and periodic revision of the plan of care
 - Be free from mistreatment, neglect, or verbal, mental, sexual, and physical abuse, including injuries of unknown source, and misappropriation of patient property
 - Voice grievances/complaints regarding treatment or care that is (or fails to be) furnished and lack of respect of property by anyone who is furnishing care/service on behalf of the hospice and the patient and family shall not be subjected to discrimination or reprisal for doing so
 - Have grievances/complaints regarding treatment or care that is (or fails to be) furnished or lack of respect of property investigated
 - The right to access the Missouri Home Health and Hospice toll-free hotline and to be informed of the telephone number, the hours operation and the purpose for the receipt of complaints and questions regarding hospice services
 - Confidentiality and privacy of all information contained in the patient record and of Protected Health Information

- Be advised on agency's policies and procedures regarding the disclosure of clinical records
- Refuse care or treatment after the consequences of refusing care or treatment are fully presented
- Be informed of patient rights under state law to formulate Advance Directives
- Receive effective pain management and symptom control for conditions related to terminal illness(s)
- The patient's and family's property and person treated with respect, consideration, and recognition of patient dignity and individuality
- Be able to identify visiting personnel members through agency-generated photo identification
- Recommend changes in policies and procedures, personnel or care/service
- Not be subject to discrimination or reprisal for the exercising of one's rights
- Choose a healthcare provider, including choosing an attending physician
- Receive appropriate care without discrimination in accordance with physician orders
- Be informed of any financial benefits when referred to a hospice
- Be fully informed of one's responsibilities
- Be informed of anticipated outcomes of care and of any barriers in outcome achievement

Written policies and procedures are established and consistent with HIPAA standards. Written policies and procedures address, at a minimum:

- Any circumstances and the procedures to be followed to remove patient records from the premises or designated electronic storage areas
- Conditions for release of information
- Back-up procedures, which include, but are not limited to:
 - Electronic transmission procedures
 - Storage of back-up 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
- Identified personnel that can have access to patient records

Written policies and procedures provide for retention of patient records even if the hospice agency discontinues operations.

Written policies and procedures describe criteria for changes in the level of care and documentation requirements, including date and reason for change, summation of the patient's status and appropriate information for continuity of care.

GOVERNING BODY

- Governing Body meeting minutes demonstrate, at a minimum:
- The hospice's management and administration of its resources to provide hospice services to patients and families
 - Decision-making of the Governing Body
 - A qualified administrator has been appointed
 - Professional advice has been arranged for as appropriate
 - The bylaws, or the equivalent, have been adopted and reviewed

- Oversight of Quality Assessment/Performance Improvement Program
- Policies and procedures and governing operations have been approved and reviewed annually
- Oversight of Human Resource management
- Community needs planning, if applicable
- Oversight of the management and fiscal affairs of the hospice
- The Governing Body meets at least once a year

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 received an orientation to their responsibilities to include, at a minimum:

- Organizational structure
- Confidentiality practices
- Hospice philosophy of care
- Overview of programs and initiatives
- Responsibility for the Quality Assessment/Performance Improvement Program
- Organizational ethics
- Conflict of interest
- Personnel and patient grievance policies and procedures

The Administrator meets the following qualifications:

- Is a hospice employee
- Possesses the education and experience required by the Governing Body
- Has a signed job description which includes, at a minimum:
 - Direction the hospice's ongoing day to day operation
 - Maintaining ongoing liaison among the Governing Body and the personnel
 - Employs qualified personnel and ensure adequate personnel education and evaluations
 - Ensures the accuracy of public information, materials and activities
 - Implements an effective budgeting and accounting system

The job description identifies the responsibilities and authority of the Administrator which includes, but is not limited to:

- The overall operation and services of the organization
- Organizing and directing the agency's ongoing functions
- Maintaining an ongoing liaison with the Governing Body/owner, the group of professional advisors and the personnel
- Employing qualified personnel
- Ensuring adequate personnel education and evaluations
- Ensuring the accuracy of public information materials and activities
- Implementing an effective budgeting and accounting system

- The alternate Administrator meets the following qualifications:
 - Is a hospice employee
 - Has the appropriate education and experience requirements
 - Has been oriented to this role
 - Has a signed job description which includes the duties to assume while the absence of the Administrator
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- The Registered Nurse Coordinator meets the following qualifications:
 - Is a hospice employee
 - Is designated by the Missouri hospice to direct the overall provisions of clinical services
 - Has a signed job description which includes the duties of supervising the provision of clinical services
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- The hospice Medical Director meets the following qualifications:
 - Is a doctor of medicine or osteopathy
 - Is a hospice employee; or
 - Is working under contract
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- The alternate Medical Director meets the following qualifications:
 - Is a doctor of medicine or osteopathy
 - Is a hospice employee; or
 - Is working under contract
 - Is available to assume the role of the Medical Director when the Medical Director is not available
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- The Medical Director or physician designee has the responsibility for the medical component of the hospice's patient care program.
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- All licensed professional services provided directly or under arrangement are authorized, delivered and supervised only by healthcare professionals who meet the appropriate qualifications specified in CFR 418.114 and who practice under the hospice's policies and procedures.
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- There is evidence in the Missouri Hospice personnel files that prior to patient contact (Missouri Revised Statutes, Chapter 660, Department of Social Services, Section 660.317), the HSP must verify that employee is registered with the Family Care Safety Registry (FCSR). For survey purposes, a copy of the registration and the results must be in the employee file. Any employee with a class A or B felony violation of chapter 565, 566 or 569, or any violation of subsection 3 of section 198.070, RSMo, or section 568.020, RSMo, cannot have patient contact unless a Good Cause Waiver has been GRANTED by the Department of Health and Senior Services. Any employee with any other FCSR finding cannot have patient contact without a Good Cause Waiver application having been SUBMITTED to the Department of Health and Senior Services. For survey purposes, if a Good Cause Waiver is required (either submitted or granted), there must be documentation in the employee file.
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- There is evidence in the personnel file of a Criminal Disclosure statement prior to the employee having patient contact. (Per Missouri Revised Statutes, Chapter 660, Department of Social Services, Section 660.317(5)(2)).
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- There is evidence in the personnel files for dementia-specific training about Alzheimer's disease and related dementias for direct care, non-direct care, volunteers and contract employees, upon hire and annually thereafter.
- There is evidence in the personnel file that credentialing activities have been conducted to verify qualifications of all credentialed/licensed personnel.

OBSERVATION

- There is a CLIA certificate for the hospice performing waived testing.
- Marketing and instructional materials use lay language and provide a more general description of care/services offered.
- Written descriptions of care/services with detailed information are available. The contact information and referral process is included in the description of care/services.
- There is documentation of Business Associate Agreements for all the appropriate businesses that have access to PHI as required by HIPAA and other applicable law and regulations.
- There is an annual operating budget that includes all anticipated income and expenses related to items that would, under generally accepted accounting principles, be considered income and expense items. However, it is not required that there be prepared, in connection with any budget, an item by item identification of the components of each type of anticipated income or expense.
- The hospice has a written list of charges for services provided.

STAFF INTERVIEW QUESTIONS

- The Administrator and the Governing Body are knowledgeable of the process for reporting a change in ownership, management and Governing Body to CMS.

Compliance with all Medicare Conditions of Participation and ACHC Hospice Standards is required for a Medicare certification survey.