

**Department of Human Services**  
Seniors and People with Disabilities  
Office of Licensing and Quality of Care

Policy Impact Analysis: Coordination of Services between Community Based  
Care Facilities and Home Health and Hospice Agencies

Date: July 17, 2009

**Background:**

The Department of Human Services, Seniors and People with Disabilities Division (SPD) along with Health Services Division (HSD) are directed by state and federal requirements to ensure the coordination of care for people who receive services from outside providers and who reside in licensed community based care settings. Recently SPD and HSD have been collaborating with Home Health and Hospice associations and agencies to develop guidelines for what steps need to take place to demonstrate there is coordination of services between both entities. Through this collaboration we are hoping to accomplish:

- The resident is receiving appropriate and consistent services and care;
- All parties understand their role and responsibilities in the treatment of residents. All Health Services Provider staff, as well as facility staff, work in an interdisciplinary manner including nursing assessment;
- Define reasonable documentation and information that avoids duplication of effort and resources, but assures that the above goals are being met and;
- Consistency in survey interpretation related to the coordination of services issue.
- The Medicare rules for both home health and hospice require that the programs be in charge of the plans of care for services they are providing to a patient.
- Identify shared understanding between facility leadership and leadership of home health and hospice to resolve policy level issues.

**Guidance**

411-054-0040 (Change of Condition and Monitoring)

411-054-0045 (Resident Health Services)

OAR 333-027-0080 (1)(c)(d) Patient Rights

OAR 333-027-0120 Coordination of Patient Services

OAR 333-027-0130 (1) Nursing Services  
42 CFR Part 484 – Home Health Agencies, 42 CFR Part 418 Hospice -  
(Regulatory Guidance)  
OAR 851, Division 47 – Nurse Delegation

**Definition:**

“On-site Health Services Provider” means a health care professional who works for a Home Health Agency, Hospice or other privately paid supplemental health care agency to provide on-site services to a resident in a Community Based Care (CBC) setting.

To meet the goals listed above, the following is a recommended protocol for the coordination of care for CBC communities and home health/hospice agencies.

**Recommend Communication Guidelines:**

1. The facility designee and the on-site health services provider will meet to discuss schedules and how information will be disseminated when practical. On-site health services providers are making visits to multiple homes / facilities each day. On-site health services providers and facility staff will agree to make it clear where communication will be left and who will be available for any face-to-face communication that is necessary. Communicating and sharing of information should not be a burden on either party.
2. If a treatment or visit by the on-site health services provider is of an urgent nature, and will require follow-up by the facility, the on-site health services provider will alert the facility designee before leaving the building.
3. On-site health service providers will leave written information regarding how to contact their agency 24 hours a day, 7 days per week for any changes in patient condition. The on-site provider should be contacted first since they are responsible for the patient’s plan of care according to regulatory guidance.

## **Recommended On-site Health Services Provider documentation**

1. Written information and instructions will be left with the facility staff to direct them in providing any care necessary to supplement the care of on-site health care providers (ex, if facility is doing wound care they will have specific instructions; if not they should call agency if a change).
2. Medication list with any instructions for administration of medications that the facility will be administering. Written verbal orders from a home health or hospice on medication changes will be honored the same as if ordered by a physician or advanced care practitioner.
3. On-site health services provider will leave a written communication in a designated area regarding planned visit schedule and any written update on care as needed for the resident.
4. Prior to a resident specific delegation the on-site health care provider and the facility RN will coordinate plan for required care.
5. Additional information that may be written or verbal will include any follow-up instructions needed by resident, family and / or facility staff to ensure resident's care needs are met.

## **Recommended Facility Protocols:**

1. The facility will have a policy that outlines the protocol for working with on-site providers and coordinating care with those providers including sharing of the facility service plan.
2. Facility RN will review the health care provider documentation and make changes to the service plan if appropriate. If the update is verbal, the facility RN will incorporate the updated information into the facility service plan.
3. If there is a significant change in condition, the Health services provider shall be notified of the change immediately in order to make a visit if necessary or to coordinate with the facility regarding transportation of patient for urgent or emergency care. If the health services provider notes a significant change in condition the facility staff will be notified either verbally

or in writing. The facility RN will be responsible for making any changes to and updates in the resident facility service plan.

4. If documentation left by the health services provider is considered not adequate to review and update the service plan, then the facility RN will review the policy on working with contracted health care provider and contact the health services provider manager to discuss the possibility of receiving documentation that is needed by the facility to meet regulatory requirements and ensure documentation in the resident record is adequate.
5. Upon discharge from services, the facility will review/evaluate the resident and update the service plan if necessary. The service plan may include preventative measures if applicable.

### **Recommended Procedure for Surveyors:**

1. Create a sample selection that includes residents receiving services from hospice, home health, or other privately paid supplemental health care provider.
2. Review the resident record for:
  - Documented evidence of information being left from on-site providers;
  - Service plan has been updated and is currently reflective of the resident status; and
  - Evidence the facility RN has completed assessments as necessary and included information provided by health services providers.
3. Interview staff to ensure they are aware of what, when, why and how often outside services are being provided and what to do in the interim.
4. If there are concerns with documented information, interviews with staff indicated unawareness of treatment or responsibility or observations that suggest treatment not being done, surveyors will request the facility's policy outlining protocols for working with on-site health providers.

## **DHS Responsibility**

Upon agreement to these guidelines by all interested parties, DHS will inform surveyors and policy staff and train to these guidelines. An Administrator Alert will be sent to facility providers and provider organizations.