

To: Hospice Providers and Interested Parties

From: Patricia Tomsko Nay, M.D., Executive Director *ptn*
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Date: December 5, 2013

Re: Hospice Houses

In 2011, the Department of Health and Mental Hygiene began a stakeholder process to develop regulations for hospice house providers. The hospice house regulations that are codified at COMAR 10.07.22 are the result of the joint efforts of the hospice community, the Office of Health Care Quality (OHCQ), the Maryland Health Care Commission (MHCC), and other stakeholders.

In preparation for these regulations going into effect on January 1, 2014, OHCQ's efforts to date have included:

- Developing an on-line application as part of the licensure process. See:
<http://dhmh.maryland.gov/ohcq/AC/docs/Instructions%20Hospice%20Agency%2001-13.pdf>
- Reviewing anticipated issues that may develop in the regulation of hospice house providers, including input from multiple stakeholders and providers.
- Developing and conducting a half-day training program for individuals interested in operating a hospice house. The program was held on September 11, 2013.
- Developing an internal training program for surveyors who will be involved in the regulation of hospice houses.
- Developing and implementing a triage system for complaints and an investigation protocol.

Hospice houses will be surveyed prior to the issuance of the initial license. If the facility has undergone a life safety code survey in the past 6 ½ years, a life safety code survey will not be repeated. After the initial licensure survey, at a minimum the OHCQ will survey hospice houses during the general license hospice's relicensure survey every 6 ½ years. Additionally the OHCQ will conduct unannounced complaint investigations.

Under COMAR 10.07.22.02B(1), a “hospice house” is defined as a “residence operated by a Maryland general hospice care program that provides home-based hospice services to hospice patients in a home-like environment and the care is not billed as general inpatient care.” The considerations for freestanding facilities as well as units within hospitals are detailed below.

Freestanding Facilities Providing Hospice Services in the Facility

- If the facility bills for the care provided as general inpatient hospice care services, then the facility must obtain a general hospice license to provide general inpatient hospice care services.
- If the facility does not bill for the care provided as general inpatient hospice care services, then the facility must obtain a hospice house license or assisted living program license to serve that patient.

Hospitals

- If a patient is admitted to the hospital, then the patient is a hospital patient and the hospital license covers the care provided to the patient.
- If the services provided to a patient are billed as general inpatient hospice care services, then the hospital or a hospice must obtain a general hospice license to provide general inpatient hospice care services.
- If the hospital is providing room and board to a patient who has not been admitted to the hospital, and the care is not billed as general inpatient hospice care services, and the patient is receiving home-based hospice care services in a home-like environment, then the hospital must obtain a hospice house license from a general licensed hospice provider or an assisted living program license to serve that patient.

If you will be operating a hospice house, please submit your application to the OHCQ as soon as possible so that the licensing process can be completed by this deadline. Please contact Barbara Fagan at 410-402-8040 if you have any questions.

cc Ben Steffen, MHCC
Linda Cole, MHCC
Patrick Dooley, DHMH