

## **SECTION 2: AUTHORITY**

The following Rules and Regulations for Hospices in Arkansas are duly adopted and promulgated by the Arkansas State Board of Health pursuant to the authority expressly conferred by the laws of the State of Arkansas in Ark. Code Ann. § 20-7-117, ~~and~~ § 20-7-123, and § 20-38-101 et seq.



**SECTION 8: ADMINISTRATION**

A. Administration shall provide and document the following:

1. Job descriptions for all employees and volunteers;
2. Policies and procedures for each available service;
3. In-services pertinent to hospice care shall be ongoing for employees, volunteers, and contracted staff;
4. Orientation for all employees, volunteers and contracted staff; and
5. Annual review of policies and procedures.

6. Criminal history checks for employees and volunteers as required by Ark. Code Ann. §20-38-101 et seq.

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B. Services by Arrangement

A hospice may arrange for another individual or entity to furnish services to the patients. If services are provided under arrangement (i.e. under contract), the following standards shall be met:

1. Continuity of Care

The hospice program shall ensure the continuity of patient/family care in home, outpatient, and in-patient settings.

2. Written Agreement

The hospice shall have a written agreement for the provision of contracted services. The contract shall include at least the following:

- a) Identification of services to be provided; and
- b) Qualifications of personnel providing the services.

C. Short Term Inpatient care

The hospice shall have a written agreement approved with an area hospital, hospice in-patient facility, or qualified skilled nursing facility which states that the hospice may continue to follow any hospice patient admitted to that facility.

D. Continuation of Care

A hospice may not discontinue or diminish care because of the lack of a payor source.

E. Licensure

The hospice and all hospice employees shall be licensed in accordance with applicable Federal, State and local laws.

F. Core Services

A hospice shall ensure all core services (i.e., Nursing, Medical Social Services, and Counseling) described in the following section are routinely provided directly by hospice employees. A hospice may use contracted staff if necessary to supplement hospice employees in order to meet the needs of patients during periods of peak patient loads or under extraordinary circumstances. If contracting is used, the hospice shall maintain professional, financial, and administrative responsibility for the services and shall assure the qualifications of staff and services provided meet the requirements specified for Nursing, Medical Social Services, Physician Services, and Counseling.

NOTE: Physician Services may be provided by an individual contract. The contract must specify the physician will assume all responsibilities as outlined in Section 11.

G. Post Mortem Procedures

The Hospice Agency shall have a procedure addressing post mortem procedures.

H. Pet Therapy

Pet Therapy may be provided by the hospice in the patient's home. Birds, cats, dogs, and other animals may be permitted in the patient's home. Therapy animals shall have appropriate vaccinations and licenses. A veterinary record shall be kept on all therapy animals to verify vaccinations and be made readily available for review and shall not negatively affect the well being of the patient.

I. Employee Health

It shall be the responsibility of Administration, with advice and guidance from the Medical Staff and the Infection Control Committee, to establish and enforce policies concerning pre-employment physicals and employee health. The policies shall include but are not limited to:

1. Requirements for an up-to-date health file for each employee;
2. Annual testing of each employee having direct patient contact for tuberculosis. Each employee having direct patient contact, regardless of whether the employee is a reactor, non-reactor, or converter, shall be tested or evaluated in accordance with the applicable section of the Tuberculosis Manual of the Arkansas Department of Health and Human Services; and
3. Work restrictions shall be placed on personnel who are known to be affected with any disease in a communicable stage. Such individuals shall not work in any area in any capacity in which there is the likelihood of transmitting disease to patients, personnel or other individuals within the hospice or a potential of contaminating food, food contact surfaces, supplies or any surface with pathogenic organisms.

J. Complaints

Each agency shall keep a record of complaints received. Documentation shall include the name of the complainant, the relationship to the patient, the nature of the complaint, and the action taken to resolve the complaint.

K. Informed Consent.

An informed consent shall be signed by the patient or patient's representative for provision of hospice care.

L. Certification of Terminal Illness

The agency shall have certification signed by the attending physician and medical director or physician designee stating the patient has a terminal illness.

M. Election of Hospice Care

1. Duration of election. An election to receive hospice care shall be considered to continue as long as the patient remains in the care of a hospice or does not revoke the election for hospice care and remains certified as appropriate for hospice.
1. Effective date of election. A patient or patient's representative may designate an effective date for the election period that begins with the first day of hospice care.

3. Waiver of other benefits. A patient or patient's representative can elect

hospice care from only one hospice provider at any given time.

N. Elements of the Election Statement. The election statement shall include the following:

1. Identification of the hospice that provides care to the patient;
2. The patient's or the patient's representative's acknowledgment that he or she has been given a full understanding of the palliative rather than curative nature of hospice care, as it relates to the patient's terminal illness;
3. The effective date of the election; and
4. The signature of the patient or patient's representative.

O. Revoking the Election of Hospice Care

1. A patient or patient's representative may revoke the patient's election of hospice care at any time during an election period.
2. To revoke the election of hospice care, the patient or patient's representative shall file a statement with the hospice that includes the following information:
  - a) A signed statement that the patient or patient's representative revokes the patient's election for hospice care.
  - b) The date the revocation is effective. (A patient or patient's representative may not designate an effective date earlier than the date that the revocation is made.)

## **SECTION 21: SHORT-TERM INPATIENT CARE**

Inpatient care shall be available for pain control, symptom management, respite purposes, and shall be provided in licensed facilities, as stated below:

### **A. Inpatient Care for Symptom Control**

Inpatient care for pain control and symptom management shall be provided in one of the following:

1. A hospice that meets the requirements for providing inpatient care directly as specified in the Section, 22 “Inpatient Direct Care.”
2. A hospital or a Skilled Nursing Facility (SNF).
3. Each shift shall include a registered nurse on site to supervise and provide direct patient care.

### **B. Inpatient Care for Respite Purposes**

Inpatient care for respite purposes shall be provided by one of the following:

1. A hospice that meets the requirements for providing inpatient care directly as specified in the Section, “Inpatient Direct Care”, Section 22.
2. A hospital or a ~~Skilled~~-Nursing Facility (SNF).