

Hospice Q&A - For Administration

6/25/22

1) In order to be eligible to elect hospice care under Medicare, an individual must be:

Entitled to Part A and certified being terminally ill.

2) Re-certifications may be completed no more than _____ calendar days prior to the start of the subsequent benefit period

a. 10

b. 14

c. 15

d. 30

3) The Notice of Election must be filed with the Medicare contractor within how many calendar days after the effective date of the election statement?

a. 3

b. 5

c. 10

d. 30

4) The hospice must obtain a physician' order from the medical director for: (circle all that apply)

a. Revocations

b. Discharges out of the service area

c. Discharges for cause

d. Transfers

e. Discharges due to no longer being terminally ill

5) If a patient has an attending physician involved in his or her care, the attending physician should be consulted before discharging a patient and their review and decision included in the discharge note True or False (circle one)

6) A patient's DPOA calls your office upset and demands to revoke services but refuses to sign the revocation statement. Which of the following would be correct:

a. Document the conversation including the date, time, and who you spoke with making note on the revocation statement that the DPOA refused to sign

b. Politely explain to the DPOA that they must sign the revocation statement in order for the patient to resume their traditional Medicare coverage.

- 7) In some instance a verbal revocation is acceptable. True or False
- 8) When transferring to another hospice, the patient or legal representative must sign a statement that includes the name of the hospice from which they have received care and the name of the hospice from which they plan to begin receiving care. Which hospice needs to obtain signature?
- a. The transferring hospice
 - b. The receiving hospice
 - c. Either hospice can obtain the signature, but both must maintain a copy
 - d. Neither hospice as a transfer is a patient's choice
- 9) In advance of providing care to a patient, the hospice must provide the patient or legal representative with the Patient's Rights. These rights must be provided in which manner:
- a. Verbally
 - b. Written
 - c. Both verbally and written
- 10) The comprehensive assessment (Chaplain and Social Worker) must be completed within 5 days after the election of hospice care.

11) The IDG must include but is not limited to the following four disciplines:

Registered Nurse

Chaplain

Social Worker

MD or DO

12) Fill in the blank: The hospice IDG must review, revise, and document the individualized plan of care as frequently as the patient condition requires but no less frequently than every 15 calendar days.

13) Since what date did hospices have to begin developing, implementing, and evaluating performance improvement projects (QAPI)?

- a. October 1, 2012
- b. February 2, 2009
- c. April 15, 2003
- d. January 1, 2000

14) To whom must the hospice provide infection control education? (Circle all that apply)

- a. Patients
- b. Employees
- c. Caregivers
- d. Family members
- e. Contracted providers

15) The hospice must make bereavement services available to:

- a. Family
- b. Other individuals identified in the bereavement plan of care
- c. Residents of a SNF when identified in the bereavement plan of care
- d. All of the Above
- e. Both A and B only

16) In the absence of the RN, an LPN may prepare written patient care instructions for a hospice aide. (Hospice Aide Plan of Care) True or False False

17) A registered nurse must make a Hospice Aide on-site supervisory visit to the patient's home no less frequently than every 14 days.

18) During this on-site supervisory visit, does the hospice aide need to be present? Yes or No No

19) The RN is completing a routine visit with a patient and while completing the aide supervision, the RN notices that the aide did not follow the plan of care. What action should happen next?

- a. The aide should be given a record of conversation and this should be placed in his or her personnel file
- b. The RN must accompany the aide to the location where the patient is receiving care in order to observe the aide while performing care

20) Which of the following statements are correct in regards to volunteers? Circle all that apply.

- a. Volunteer hours only count if the volunteer provides direct patient care
- b. The hospice must keep record of ongoing efforts to recruit and retain volunteers
- c. Volunteers must complete an orientation

21) Volunteers must provide, at a minimum, 5% of the total patient care hours of all paid hospice employees and contract staff.

22) What services must be made routinely available on a 24-hour basis 7 days a week?

- 1. Nursing
- 2. Physician
- 3. Drugs and Biologicals

23) When writing a written certification, the hospice medical director must consider all of the following when making a determination that the patient has a life expectancy of 6 months or less if the disease runs its normal course:

- 1- Primary Terminal Condition
- 2- Related Diagnosis
- 3- Current Subjective and Objective Medical Findings
- 4- Current Medical and Treatment Orders
- 5- Information on medical management of patient's conditions unrelated to terminal diagnosis

24) If a patient is discharged from the hospice, the hospice must forward a copy of the discharge summary to the attending physician. True or False

25) Respite may be provided in an Assisted Living Facility as long as there is a respite contract between the hospice and the facility. True or False

26) When caring for a patient who resides in a SNF, which of the following authorizes a change in level of care from routine home care to general inpatient?

- a. The Hospice
- b. The SNF
- c. The DPOA

27) How long does the hospice have to report alleged violations involving mistreatment, neglect, verbal, mental, sexual, and physical abuse including injury of unknown source and misappropriation of property to the facility administrator?

within 24hrs of the hospice becoming aware

28) What does LCD stand for?

- a. Legal Coverage Determination
- b. Local Coverage Determination
- c. Liability Cost Determination
- d. Linear Cost Determination

29) Who is your branches Medicare Administrative Contractor?

- a. NGS
- b. CGS
- c. Palmetto
- d. All of the above
- e. None of the above

This Varies By State

30) Which of the following statements is true regarding the LCD's?

- a. Since these are standards set forth by the Medicare Administrative Contractor, they must be followed and each set of criteria must be fully met prior to admitting a patient to hospice
- b. The LCD's serve as a guide and do not have to be fully met if clinical documentation can support a prognosis of 6 months or less

31) What member(s) of the hospice is/are responsible for all programs and services?

- a. The Governing Body
- b. The Compliance Director
- c. The Administrator
- d. All of the above

32) The RN's initial assessment must assess the patients immediate needs including:

- a. Physical needs
- b. Psychosocial needs
- c. Emotional needs
- d. Spiritual needs
- e. All of the above

33) HIS Admission and Discharge records must be submitted to CMS within 30 days of the admission and/or discharge.

34) Only a Physician or a Nurse Practitioner can order medications.

35) Who can perform a face to face encounter? (Select all that apply)

- a. Medical Director
- b. Physician Assistant
- c. Hospice Employed Nurse Practitioner
- d. Attending physician

36) Prior to what benefit period must a face to face encounter occur?

- a. 1st 90 day
- b. 2nd 90 day
- c. Any subsequent 60 day

37) A face to face encounter may occur no more than 30 days prior to the applicable benefit period.

38) A face to face encounter may occur on the first day of the benefit period and still be considered timely True or False

39) When a patient is transferred to another hospice, the hospice must provide a copy of: (Select all that apply)

- a. Plan of Care
- b. Consents
- c. Certification of Terminal Illness
- d. Discharge summary
- e. Entire clinical record if requested

40) List the 4 levels of care in hospice.

- 1- Routine home care
- 2- General Inpatient (GIP)
- 3- Respite
- 4- Continuous Homecare

41) An order must be obtained prior to placing a patient into a higher level of care, but an order is not needed when a patient is transferring to a lower level of care. True or False

42) A patient is in the hospital seeking aggressive treatment. The DPOA contacts your office the day after the patient was admitted stating they want to sign revocation papers. Upon arrival, the DPOA states they want services to end effective yesterday's date. Since revocation is a patient/representative choice and the patient was admitted yesterday, it is acceptable to have the DPOA date the effective date of the revocation as yesterday's date.

True or False

43) The hospice monitors and records _____ infections. Select all that apply.

- a. Patient
- b. Patient caregiver
- c. Skilled Nursing Facility staff
- d. Hospice employee

Quality Assessment Performance Improvement

44) What does the acronym QAPI stand for? _____

45) A claim may be submitted prior to written certification being obtained if the verbal certification has been received. True or False

46) A physician's narrative must reflect the patient's individual clinical circumstance and can include check boxes and standard language used for all patients. True or False

47) When a hospice does not file the required NOE within 5 calendar days after the effective date of election:

- a. Medicare will not cover and pay for the days of hospice care from the effective date of election to the date of filing of the NOE
- b. These days are a provider liability
- c. The provider may not bill the beneficiary for them
- d. All of the above

48) Which of the following must be included within the election statement? Select all that apply:

- a. The patient's chosen attending physician
- b. The individual's acknowledgement that they have been given a full understanding of the palliative rather than curative nature of hospice care
- c. Acknowledgement that certain Medicare services are waived
- d. That the patient will be discharged in the event they are admitted to a hospital
- e. The effective date of the election
- f. Signature of the individual or representative
- g. A statement stating the patient will not be provided with life sustaining measures

49) How many times may a patient transfer to another hospice during an election period?

- a. 1
- b. 2
- c. 3
- d. As many times as the patient requests

50) Stamped physician signatures on orders are not acceptable True or False

51) All patient records are maintained for a minimum of _____ years from the date of discharge or death unless state law requires records to be maintained longer.

- a. 5
- b. 6
- c. 7
- d. 8

52) It is not necessary to document herbal remedies that a patient is taking on their medication list. True or False

53) What 4 things must the hospice do before it seeks to discharge a patient for cause?

- 1- Advise the patient that a discharge for cause is being considered
- 2- Make a serious effort to resolve the problem presented by the patient's behavior or situation
- 3- Ascertain that the patient's proposed discharge is not due to the patient's use of necessary hospice services
- 4- Document that problem and the efforts made to resolve the problem in the EMR

54) A process that takes into account the prospect that a patient's condition might stabilize or otherwise change such that the patient cannot continue to be certified as terminally ill is known as what?

Live Discharge Planning

55) When the hospice election is ended due to discharge, what must the hospice file with its Medicare contractor within 5 calendar days after the effective date of the discharge?

Notice of revocation/termination of election

56) The bereavement assessment is updated:

- a. As appropriate during the patient's time in the hospice program
- b. At the time of death
- c. During the provision of bereavement follow-up and care
- d. All of the above
- e. Both b and c

57) When the hospice is unable to meet the bereavement needs of the survivor or identifies a survivor who is "at risk" for complicated bereavement, what must the hospice do?

- a. Continue providing bereavement services and assess the bereavement risk frequently
- b. Contact the hospice medical director for further direction
- c. Refer the survivor to other counseling services or community agencies as needed
- d. Discharge the survivor from bereavement care

58) All of the following are spiritual counseling services except:

- a. Performing religious rituals
- b. Assisting with funerals and memorial services
- c. Transporting the patient/family to religious services as requested
- d. Providing education to other IDG members about spirituality

- 59) All communications between the IDG and with the on-call personnel are documented in the patient's clinical record. True or False
- 60) Professional management for a hospice patient who resides in a SNF has the same meaning that it has if the hospice patient were living in their own home. True or False
- 61) A patient is in the hospital and is set to be discharged home later the same evening. The patient's family has requested the nurse to complete her initial assessment on the patient while at the hospital since they will not get home until late. Is this acceptable? Yes or No
- 62) Bereavement needs should be incorporated into the initial plan of care. True or False
- 63) When are physician orders needed? Select all that apply
- a. To initiate any disciplines
 - b. For any services requiring the administration of medication
 - c. To initiate any treatments
- 64) When the IDG is reviewing the plan of care (IDG meeting) what must be reviewed? Select all that apply:
- a. Advance Directives and Code Status
 - b. The patients response to treatment and services
 - c. Determination if hospice services are still needed
 - d. The age of the patient
 - e. How the patient presented at the last visit for each discipline
- 65) If medical supplies are provided by the hospice, verbal instructions must be provided to the patient/family regarding their safe and appropriate use. True or False
- 66) A Registered Nurse may complete the certification or re-certification narrative for the hospice medical director as long as the medical director signs it. True or False

For the following questions, insert the following term that best matches the statements below.

a. Face to Face b. Written Certification of Terminal Illness (CTI)

- 67) May be completed up to 30 days prior to the first day of the applicable benefit period: A
- 68) May be completed up to 15 days prior to the first day of the applicable benefit period: B
- 69) May be completed by a Nurse Practitioner: A
- 70) May only be completed by a physician: B
- 71) Became in effect on October 1, 2009: B
- 72) Became in effect on January 1, 2011: A
- 73) Cannot contain checkboxes or standard language: B
- 74) If missed, the beneficiary ceases to be eligible for the benefit: A
- 75) May occur on the first day of the benefit period and still be considered timely: A

For the following questions match the statement to the left with the appropriate component of the Comprehensive Assessment on the right by drawing a line:

- | | | |
|--|---|---------------------------|
| 76) Review of financial resources | → | Physical Health Component |
| 77) Assessment of living arrangements | → | Mental Health Component |
| 78) Pt/Family preferences for treatments | → | Social Component |
| 79) History of religious affiliations | → | Environmental Component |
| 80) Coping mechanisms | → | Economic Component |
| 81) Availability/capability of family | → | Functional Limitations |
| 82) Ability to manage money | → | Spiritual Component |

For the following questions, indicate which level of care best describes the statement. Please note, there may be more than one answer for each statement.

a. Respite b. Routine Home Care c. General Inpatient d. Continuous Home Care

- 83) Must be provided in a contracted Medicare Certified Hospital or Skilled NF: A and C
- 84) May be provided in an Assisted Living Facility: B and D
- 85) May be provided in a patient's private residence: B and D
- 86) May not be billed for more than 5 consecutive days: A
- 87) Provided to allow for caregiver relief: A
- 88) Provided for brief periods of crisis to maintain a patient at home: D
- 89) Provided for pain or symptom management that cannot be managed in a home setting: C
- 90) A Registered Nurse must be available 24 hours per day to meet the patient's needs: A and C
- 91) Primarily nursing care that may be supplemented by a hospice aide: D

Answer the following questions with true or false in regards to levels of care:

- 92) The General Inpatient level of care may be utilized to address unsafe living conditions. F
- 93) Continuous Care may be provided for a patient who is imminently dying with no acute skilled pain or symptom management needs if the caregiver requests not to be left alone. F
- 94) Respite may be provided if the caregiver tells you that he/she would like to attending a wedding out of town for the weekend. T
- 95) A patient residing in an Assisted Living would be able to receive respite in a skilled nursing facility: F
- 96) More than one respite period is allowable in a single billing period: T