



SENIOR & LONG TERM CARE DIVISION COMMUNITY SERVICES BUREAU Medicaid Home Health Policy Manual

Title: Hospice Policy 410
Section: ELIGIBILITY FOR SERVICES
Subject: Initial and Comprehensive Assessment of the Member
Reference: ARM 37.40.805, 42 CFR 418.54
Supersedes: Policy 410, October 2018, Rev 1

INITIAL AND COMPREHENSIVE ASSESSMENT OF MEMBER

The hospice must conduct and document in writing a member- specific comprehensive assessment that identifies the member's need for hospice care and services, and the member's need for physical, psychosocial, emotional, and spiritual care. This assessment includes all areas of hospice care related to the palliation and management of the terminal illness and related conditions.

INITIAL ASSESSMENT

The hospice registered nurse must complete an initial assessment within 48 hours after the election of hospice care is complete unless the physician, member, or representative requests that the initial assessment be completed in less than 48 hours.

TIMEFRAME FOR THE COMPLETION OF THE COMPREHENSIVE ASSESSMENT

The hospice interdisciplinary group, in consultation with the member's attending physician (if any), must complete the comprehensive assessment no later than five calendar days after the election of hospice care in accordance with 37.40.815 (Refer to Hospice Policy 404).

CONTENT OF THE COMPREHENSIVE ASSESSMENT

The comprehensive assessment must identify the physical, psychosocial, emotional, and spiritual needs related to the terminal illness that must be addressed in order to promote the hospice member's well-being, comfort, and dignity throughout the dying process. The comprehensive assessment must take into consideration the following factors:

1. The nature and condition causing admission (including the presence or lack of objective data and subjective complaints);
2. Complications and risk factors that affect care planning;

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3. Functional status, including the member's ability to understand and participate in his or her own care;
4. Imminence of death;
5. Severity of symptoms;
6. Drug profile. A review of all of the member's prescription and over-the-counter drugs, herbal remedies and other alternative treatments that could affect drug therapy. This includes, but is not limited to, identification of the following:
 - a. Effectiveness of drug therapy;
 - b. Drug side effects;
 - c. Actual or potential drug interactions;
 - d. Duplicate drug therapy; and
 - e. Drug therapy currently associated with laboratory monitoring.
7. Bereavement. An initial bereavement assessment of the needs of the member's family and other members focusing on the social, spiritual, and cultural factors; and
8. The need for referrals and further evaluation by appropriate health professionals.

UPDATE OF THE COMPREHENSIVE ASSESSMENT

The update of the comprehensive assessment must be accomplished by the hospice interdisciplinary group (in collaboration with the member's attending physician, if any) and must consider changes that have taken place since the initial assessment. It must include information on the member's progress toward desired outcomes, as well as a reassessment of the member's response to care. The assessment update must be accomplished as frequently as the condition of the member requires, but no less frequently than every fifteen days.

MEMBER OUTCOME MEASURES

The comprehensive assessment must include data elements that allow for measurement of outcomes. The hospice must measure and document data in the same way for all members. The data elements must take into consideration aspects of care related to hospice and palliation.

The data elements must be an integral part of the comprehensive

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assessment and must be documented in a systematic and retrievable way for each member. The data elements for each member must be used in member care planning and in the coordination of services and must be used in the aggregate for the hospice's quality assessment and performance improvement program.