



San Francisco
HIV Community
Planning Council



2024 San Francisco EMA Ryan White HIV

STANDARDS OF CARE

HOSPICE

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Overview and Purpose of Hospice Standards

The purpose of the San Francisco Eligible Metropolitan Area (EMA) Hospice Standards of Care is to ensure consistency among the Ryan White-funded hospice services provided as part of the San Francisco EMA's continuum of care for persons living with HIV. The goal of hospice services for people living with HIV is to promote the highest possible quality of life and function for all clients and their families while helping terminally ill clients approach death with comfort and dignity. Hospice services provide a comfort care approach for patients to approach death with dignity and in relative comfort in a supportive atmosphere surrounded by family and/or significant others.

Description of Hospice Services

Hospice services provide 24-hour, culturally competent end-of-life medical care, supervision and assistance for people living with HIV who have been certified by a licensed physician as being terminally ill with a life expectancy of 6 months or less. Hospice care is provided to terminally ill individuals who have voluntarily chosen to receive such care in lieu of curative treatment. Hospice services are focused on ensuring the comfort of patients who are nearing end of their lives, including nursing services; medical social services; medical supplies and equipment; drugs and biologicals; physician services; counseling; dietary counseling; and spiritual counseling. Ryan White-funded hospice services may be provided in a home or other residential setting. This service category does not extend to care offered in skilled nursing facilities or nursing homes.

Allowable hospice services include:

- Nursing services;
- Medical social services;
- Medical supplies and equipment;
- Drugs and biologicals;
- Physician services;
- Mental health counseling, including bereavement counseling, for both clients and family;
- Dietary counseling;
- Laundry and personal living assistance;
- Pharmacy services; and
- Spiritual counseling.

To meet the need for hospice services, a physician must certify that a patient is terminally ill and has a defined life expectancy of six months or less. The decision to

enter hospice care is usually made in collaboration with medical professionals, support personnel, and family members and loved ones, but ultimately must be the decision of the patient themselves. Care and support are offered to each client so that they may live as fully and comfortably as possible within the context of their personal values and symptoms. Services support the client's choices and will be consistent with advance directives, values, spiritual preferences, and life-long patterns of living, even though these decisions may involve increased risk or personal harm to the client.

Units of Service:

A Hospice Unit of Service is defined as:

- A single 24-hour day of hospice services.

Hospice Requirements:

Intake and Assessment:

To receive hospice services, clients must have received a written certification from their physician stating that they are terminally ill and have a defined life expectancy of six months or less. No client will be admitted, accepted for care or discharged without the order of a physician. All persons admitted for care will remain under the continuing supervision of a physician who evaluates them as needed or at least every 30 days. All physician visits will be documented in the patient health record.

The identified hospice provider must conduct a comprehensive initial assessment for services. The assessment will describe the client's current status and inform the needs and services plan. The assessment shall include an assessment of a broad range of client conditions and life factors, including:

- Age;
- Health status and comorbidities;
- HIV prevention needs;
- Psychological needs;
- Spiritual needs;
- Need for pain management and comfort care;
- Current medications and prescriptions;
- Ambulatory status;
- Cognitive abilities and status based on a cognitive assessment;
- Family and support system composition and status;
- Special housing needs;
- Level of independence; and
- Available resources.

Treatment Plan:

An individualized needs and services plan must be developed within 24 hours following the initial client intake, and must be re-evaluated at least every six months thereafter, or as needed. During the treatment plan development process, clients must be provided with education and support regarding issues such as hospice policies and procedures; confidentiality and safety issues; preparation of advanced care directives; and client rights. Written certification from the client's physician stating that the client is terminally ill and has a defined life expectancy of six months or less must be signed again at six months.

The hospice provider must ensure that the individualized treatment plan includes the following elements and consideration, at minimum:

- Incorporates ongoing client input, including a client's right to refuse any aspects of hospice service;
- Only includes allowable activities;
- Includes a statement of the problems or symptoms facing the client;
- Details expected duration of services;
- Ensures coordination of care through collaboration with the client's service providers, such as medical providers, case managers, mental health providers, spiritual advisors, etc.

Service Delivery:

Hospice services should be provided utilizing methodologies most appropriate for the client's needs, and that are responsive to and respectful of the ethnic and cultural identity of clients, including linguistic preference, sexual identity, gender expression and identity, spiritual identification, and other factors. Services provided in as part of hospice care may include the following:

Health Services:

Hospice care supports the provision of comfort medical and health services such as nursing care; medical social services; medical supplies and equipment; comfort therapeutics for symptom and pain control; physician services; and dietary counseling.

Support with Daily Living:

Hospice care includes services to ensure client comfort and support tasks of daily living, such as attendant care services; laundry services; spiritual counseling; and linkage to needed supportive services.

Counseling Services:

Hospice care includes counseling services that are consistent with the definition of mental health counseling, including treatment and counseling by

psychiatrists, psychologists, or licensed clinical social workers.

Supportive Services:

Hospice programs should provide or coordinate supportive services such as assistance with activities of daily living, medication management, family bereavement counseling, and other services as needed.

Referral / Linkage:

Programs should provide referral and linkage to the full spectrum of HIV-related services.