Contracting for Inpatient Care

Holly Swiger, RN, MPH, PhD
VP of Public Affairs
VITAS Healthcare Corporation
CHAPCA Regulatory Committee Chair
Holly.Swiger@VITAS.com

What Level of Hospice Care Can Be Provided in What Inpatient Setting?

<table>
<thead>
<tr>
<th>License Type</th>
<th>GIP</th>
<th>Respite</th>
<th>Continuous Care</th>
<th>Routine</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospital</td>
<td>C/O</td>
<td>C/O</td>
<td>No</td>
<td>C/O</td>
</tr>
<tr>
<td>Special Hospital: Hospital</td>
<td>C/O</td>
<td>C/O</td>
<td>No</td>
<td>C/O</td>
</tr>
<tr>
<td>Skilled Nursing Facility (SNF)</td>
<td>C/O</td>
<td>C/O</td>
<td>C/O</td>
<td>C/O</td>
</tr>
<tr>
<td>Intermediate Care Facility (ICF)</td>
<td>O</td>
<td>C/O</td>
<td>C/O</td>
<td>C/O</td>
</tr>
<tr>
<td>Congregate Living Health Facility (CLHF)</td>
<td>O</td>
<td>O</td>
<td>C/O</td>
<td>C/O</td>
</tr>
<tr>
<td>Residential Care Facility for the Chronically Ill (RCFCD)</td>
<td>No</td>
<td>No</td>
<td>C/O</td>
<td>C/O</td>
</tr>
<tr>
<td>Residential Care Facility for the Elderly (RCFE)</td>
<td>No</td>
<td>No</td>
<td>C</td>
<td>C</td>
</tr>
<tr>
<td>Adult Residential Facility (ARF)</td>
<td>No</td>
<td>No</td>
<td>C</td>
<td>C</td>
</tr>
</tbody>
</table>

C = Contracted  O = Operated
If IPU is operated by the Hospice, it can do GIP or CC, but not both.

Who needs a contract?

- Anytime your hospice enters a relationship where there is a need to clarify the expectations of the relationship.
- This is done with either a contract or written agreement:
  - Patient Election
  - Hospital/SNF Contract for GIP/Respite
  - Nursing Home contract for routine care
  - Assisted living facilities for routine care
  - Hospice unit in a host facility
Types of Contracts for Inpatient Beds

Scatter Beds
• Hospice contracts with a facility to provide care in whatever beds are available and where the host facility chooses to place the patient.
  – General Inpatient Care scatter beds
    • The hospital, skilled nursing facility or hospice (licensed as either of these or as a congregate living health facility)
  – Respite scatter beds
    • The hospital, nursing facility, intermediate care facility or hospice (licensed as one of the above or a congregate living health facility)

Scatter Beds
• Easiest to contract.
• Most difficult to keep host facility staff educated.
• Difficult to obtain, in under bedded areas.
• Hospice GIP & Respite reimbursement is far below hospital reimbursement.
• Hospice Respite reimbursement is below SNF Medicaid reimbursement in some areas.
**Scatter Beds**
- For GIP, the Host facility must provide RN 24/7 and levels of staffing equivalent to meet the needs of patients in crisis.
- This level of care and intervention must be clearly documented.
- Hospice staff must visit every day to assure management of care and documentation.

**Dedicated Hospice Beds Under Contract**
- Contracted General Inpatient Care or Respite dedicated beds in a host facility.
- Could be a couple of rooms or a wing.
- Hospice guarantees payment per day (holds the bed for only hospice patients).
- Hospice pays for ancillary services based on days of care (dietary, linen, housekeeping, etc.).
- Contracted with the same facilities as float beds.

**Dedicated Hospice Beds Under Contract**
- Hospice can create a more home like environment.
- Dedicated host facility staff creates greater ease of training.
- Dedicated and educated staff may require less oversight.
- Better overall experience for patient/family.
- Guaranteed income for the Host facilities.
- If beds are not utilized, it is costly for the hospice.
Hospice Operated Unit in a Host Facility

- Hospice operates a unit in a host facility under an Outside Resources Contract.
- The beds remain licensed to the host facility.
- Hospice gets it added to its program license (COP §418.108 and 418.110)
- Hospice operates the unit.
- Hospice may contract for staffing from the host facility.

Hospice Operated Unit in a Host Facility

- No bricks and mortar investment.
- Decorate it to suit patient/family needs.
- Staff are hospice trained.
- May contract with facility for staffing.
- Less need for daily hospice visits.
- Must keep unit occupied to break even.

Hospice Operated Unit in a Host Facility

- Steady income for host facility.
- Potential referrals from host facility.
- Must keep unit occupied to break even.
- Survey risk and potential fines for the host facility.
- More difficult to find a host facility willing to enter this contractual arrangement in CA.
Hospice Operated Units/Facilities

- San Diego Hospice – Sharon O’Mary
  - Special Hospital: Hospice
  - Contracted Hospice Unit in a SNF

- Madrone Hospice – Audrey Flower
  - CLHF (Residential Care)

- Hospice of the Foothills – Vanessa Bengston
  - Congregate Living Health Facility

Questions?