



**GEORGIA DEPARTMENT OF
COMMUNITY HEALTH**

Rhonda M. Medows, M.D., Commissioner

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HOSPICE APPLICATION REVIEW CHECKLIST

Please use the following checklist to ensure you include all the documents required for HFRD to review your application for initial hospice license. Please use the Applicant Check column for your own review; to be sure all necessary documents are included. Under each document, you will see content which must be acceptable in order to pass review. **Be aware that your application packet may be considered incomplete and ineligible for review if all major documents are not included. It must be clear to the reviewer what each document is, so it is advisable to have them clearly marked.**

Be advised that these are the minimum documents necessary for review for your initial license, but it is not intended to be a complete list of all policies, procedures, forms, etc., that you will need to operate your hospice facility effectively.

| <i>Applicant Use</i> | | <i>ORS Office Use Only</i> | | | <i>Review Date:</i> _____ |
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| | | <i>Acceptable</i> | <i>Not Accept.</i> | <i>Notes</i> | XXXXXXXXXXXXXXXXXXXX |
| _____ | <u>290-9-43-.04</u> 1. A <i>completed</i> Application for a License to Operate a Hospice, signed and dated. | _____ | _____ | _____ | _____ |
| _____ | 2. Notarized Personal Identification Affidavit. | _____ | _____ | _____ | _____ |
| _____ | 3. Copy of Business License, or, if not required, evidence of such communication with local government. | _____ | _____ | _____ | _____ |
| _____ | 4. Copy of Certificate of Incorporation, if incorporated; or if not incorporated, listing of IRS Tax ID number. | _____ | _____ | _____ | _____ |

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| | <p><u>290-9-43-.07</u></p> <p>5. Hospice budget plan for 1st year.</p> <p>6. Description of Services as developed by the Governing Body.</p> <p>7. Designation of the individual responsible to act for the administrator during any period the administrator is absent and the individual responsible for the Quality Management program.</p> <p>8. Staff list, indicating whether employed, contracted, or volunteer.</p> | | | |
| | <p><u>290-9-43-.08</u></p> <p>9. Name, qualifications and job description (including copy of professional license if applicable) of administrator.</p> <p>Meets qualification requirements of either (check): Licensed healthcare professional with 2 years supervisory or management exp. in a hospice setting; or Education, training, and experience in health service administration with two years supervisory or management Experience in a hospice setting.</p> <p>Job duties include requirements include: Ensures that policies are developed w/ the IDT team Ensure employment of qualified staff Ensures policies and procedures are implemented Ensures a qualified DON and sufficient staff Ensures there is an orientation, training, & supervision for every employee and that they complete these programs Ensures that there are effective communication mechanisms for staff, patients, and families.</p> | | | |

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| <p>_____</p> | <p><u>290-9-43-.09</u></p> <p>10. Outline of the quality management, utilization, and peer review program.</p> <p>Includes QM review of at least the following elements: Appropriateness of admissions, stay, and discharge Appropriateness of professional services and level of care Effectiveness of pain control Patient injuries Errors in medication administration that compromise Patient safety Infection control practices and surveillance data Patient and family complaints and on-call logs Inpatient hospitalizations Adherence to plans of care Appropriateness of treatment</p> | <p>_____</p> <p>_____</p> | <p>_____</p> <p>_____</p> | <p>_____</p> <p>_____</p> |
| <p>_____</p> | <p><u>290-9-43-10</u></p> <p>11. The explanation of patient rights as provided to patients.</p> <p>Describes all patient and family rights as required in .10(1): Participate in hospice voluntarily and stop at any time Receive only care to which have consented Receive care where dignity, safety, and privacy are preserved Be free from physical or emotional abuse or neglect Be free from unnecessary restraints Have complaints and grievances resolved promptly Able to refuse any specific treatment w/o being discharged Choose their own attending physician Exercise their own religious beliefs Have family present at any time Participate in development of own plan of care Have information be kept confidential Continue hospice care during hospital admissions</p> | <p>_____</p> <p>_____</p> | <p>_____</p> <p>_____</p> | <p>_____</p> <p>_____</p> |

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| | <p>Be provided with description of services and charges Review any hospice inspection report for last two years Respect of self-determination rights and desires Receive care regardless of ability to pay Have information provided by a method effective for them</p> <p>Includes information for reporting complaints to HFRD.</p> | | | |
| <p>_____</p> | <p><u>290-9-43-11</u></p> <p>12. Copy of the hospice’s disaster preparedness plan and forms for documenting rehearsals.</p> <p>The plan addresses weather emergencies and natural disasters, interruption of utilities at the office and in patient homes, and coordination of care if evacuation of the area is necessary.</p> <p>Rehearsal documentation includes date, type, participants, summary of any problems and evaluation of effectiveness.</p> <p>There is evidence that there has been an attempt to include the local EMA in the planning</p> | <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> | <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> | |
| <p>_____</p> | <p><u>290-9-43-12</u></p> <p>13 Copies of policy and procedures for infection control.</p> <p>Addresses at least the infection control issues concerning:</p> <ul style="list-style-type: none"> Hand hygiene Wound care Urinary tract care Respiratory therapy Enteral therapy Infusion therapy Cleaning patient care equipment | <p>_____</p> <p>_____</p> | <p>_____</p> <p>_____</p> | |

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| | <p>Isolation precautions Handling of medical waste and lab specimens Requirements for initial and annual health screenings Use of personal protective equipment (cont.) Work restrictions during employee illness Evaluation of patients and their environments for risks Outbreak investigation procedures Dietary practices in the hospice care facilities Reporting of communicable diseases as req. by law</p> | | | |
| <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> | <p><u>290-9-43-.13</u></p> <p>14. Names, qualifications/resumes and job descriptions for all staff members, including verification of licensure where applicable.</p> <p>15. Copy of orientation curriculum.</p> <p style="padding-left: 40px;">Hospice concepts and philosophy</p> <p style="padding-left: 40px;">Patient Rights</p> <p style="padding-left: 40px;">Hospice policies and procedures</p> <p style="padding-left: 80px;">Includes: Reporting of abuse and neglect; disaster preparedness, and fire safety and emergency evacuations.</p> <p>16. Evidence of initial health screening for each employee and volunteer, including TB screening.</p> <p>17. Copies of any contracts for professional services from independent contractors.</p> <p>18. Copy of procedure and requirement for employees/volunteers report abuse or neglect.</p> | <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> | <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> | <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> |

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| | <p><u>290-9-43-.14</u></p> <p>19. Written criteria and procedures for admission into home care hospice services.</p> <p>Requires referral from a physician with prognosis of less than six months of life.</p> <p>Requires initial assessment to assess whether the hospice can meet the patient’s needs.</p> <p>Requires that the patient has been given a description of the scope of services offered prior to admission, and has given consent for hospice care.</p> <p>Requires that the patient resides within the hospice service area.</p> <p>Requires a primary caregiver be identified, or a plan by the hospice to meet the daily care needs of the patient.</p> <p>20. Policy regarding development of initial plan of care, including the form used for the initial plan of care.</p> <p>Requires development within 24 hours of admission.</p> <p>Requires input from a physician or RN and consideration of initial assessment.</p> <p>21. Policy/procedures for discharging patients.</p> <p>Requires that involuntary discharge be based on documented safety issues, and that there be documentation of attempts to resolve those issues without discharge.</p> <p>Requires that patients be given at least 14 days notice of discharge except in special circumstances.</p> | | | |
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| | <p>Does not require discharge of patients during a period of hospital admission.</p> <p>Requires the hospice participate in coordinating continued care through a discharge or transfer.</p> | | | |
| <p>_____</p> <p>_____</p> <p>_____</p> | <p><u>290-9-43-.15</u></p> <p>22. Name and qualifications of social worker.</p> <p>23. Description of composition and responsibilities of a hospice care team (may be policy or procedure).</p> <p>Contains all minimally required members.</p> <p>Responsibilities include providing a comprehensive assessment, and development and periodic review and revision of plans of care.</p> <p>24. Form for a comprehensive assessment.</p> <p>Provides for documentation of assessment of medical, nursing, psychosocial, and spiritual needs of the patient, the ability of the family to meet care needs, and of the family's bereavement needs.</p> <p>Provides for identification of need for referrals for additional assessments.</p> <p>25. Procedure for development and review of plan of care, and sample form for a patient's plan of care.</p> | | | |

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| | <p>Provides for inclusion of participation of the patient, their family and/or caregiver and/or representative, and documentation of such inclusion.</p> <p>Provides for detail of the scope and frequency of services needed.</p> <p>Provides for review of the plan as needed but no longer than 30 days, and documentation of who participates in the review.</p> <p>Provides for documentation of the physician’s review of any revisions to the plan.</p> <p>26. Policy for use and monitoring of any use of physical restraints as a part of the plan of care.</p> <p>Requires that the restraints are required for prevention of patient injury only.</p> <p>Requires physician order and documentation of consent from the patient or their representative.</p> <p>Requires that the plan of care specify:</p> <p>Type and frequency of monitoring of the restraint; and</p> <p>Maximum duration for restraint application.</p> <p>Requires documentation of each use of restraint.</p> | | | |
| | <p><u>290-9-43-.16</u></p> <p>27. Policy/procedures for reporting changes in a patient’s condition noted during a home care visit.</p> | | | |

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| | <p>28. Policy/procedures for agreements with nursing homes and personal care homes when services are provided to patients in those settings.</p> <p>Includes that the hospice takes full responsibility for the patient's hospice care, and that the agreements must clearly delineate who does what, and specify who is the contact person for communication with the facility.</p> <p>Requires that the hospice will provide a copy of any self-determination documents for the patient.</p> <p>29. Copy of contract(s) for inpatient hospice care and respite care.</p> | | | |
| | <p><u>290-9-43-.17</u></p> <p>30. Name and evidence of current license and experience with hospice or terminally ill patients for the Medical Director, with listing of hospitals at which the Director has admission privileges.</p> <p>31. Copy of job description for the Medical Director.</p> <p>Includes participation in the interdisciplinary plan of care reviews, case review conferences, patient assessment and reassessment, quality improvement and utilization reviews, and development of policies, procedures, and protocols related to physician services and patient care.</p> <p>Includes review from patients' attending physicians the clinical documentation of each patient's disease process, drug regimen, and health at time of entry.</p> | | | |

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| <p>_____</p> <p>_____</p> | <p>Includes responsibility for assuring the face-to-face medical assessment of each patient’s eligibility for continued admission at least every six months (or assessment by a predictability scale).</p> <p>32. Name of designated physician to act in the Medical Director’s behalf during any absence.</p> <p>33. Policy/procedure assuring at a minimum on-call physician services 24/7.</p> | | | |
| <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> | <p><u>290-9-43-.18</u></p> <p>34. Name, qualifications/resume, job description, and evidence of current license for Director of Nursing.</p> <p>35. Policies and procedures for nursing services, including types and numbers of nursing personnel needed.</p> <p>Provision for availability of nursing care 24/7 and within one hour of request.</p> <p>Supervision of provision of nursing services by an RN.</p> <p>36. Copy of forms used for an on-call log.</p> <p>37. Policies and procedures for provision of personal care services.</p> <p>(cont.) Includes requirement for CNA certification, HHA training completion, or completion of a training program provided by the hospice.</p> <p>Requires competency evaluations for CNAs/PCAs before providing services to clients.</p> | | | |

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| <p>_____</p> <p>_____</p> | <p>Requires written instructions for each PCA task.</p> <p>Requires supervisory visits by an RN every two weeks at the patient's place of residence to evaluate the PCA performance.</p> <p>38. If the hospice provides and in-house training program for PCAs, a copy of the curriculum for the training program.</p> <p>Contains all elements as described under .18(3)(a)3.</p> | <p>_____</p> <p>_____</p> <p>_____</p> | <p>_____</p> <p>_____</p> <p>_____</p> | <p>_____</p> <p>_____</p> <p>_____</p> |
| <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> | <p><u>290-9-43-19</u></p> <p>39. Description of an organized program for provision of bereavement services.</p> <p>Describes supervision by a licensed counselor, licensed social worker, or other qualified professional.</p> <p>40. Name and qualifications of the individual supervising the bereavement services.</p> <p>41. Description of the provision for availability of clergy for spiritual counseling, and the process/requirement for notifying patients and families of this availability.</p> <p>42. Name and qualifications of clergy provided by the hospice to serve on the hospice care team.</p> <p>Has completed at least one unit of clinical pastoral education.</p> <p>43. Copies of policies and procedures for delivery of dietary and nutritional services.</p> <p>44. Description of arrangements for provision of PT, OT, or speech pathology services if needed by patients.</p> | <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> | <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> | <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> |

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| | <p><u>290-9-43-.20</u></p> <p>45. Copy of policies/procedures for provision of volunteer services.</p> <p>Addresses recruitment, screening, orientation, scope of function, supervision, basic infection control, ongoing training and support, and documentation of volunteer activities.</p> <p>46. Name of designated volunteer services coordinator.</p> | | | |
| | <p><u>290-9-43-.21</u></p> <p>47. Copy of policies and procedures for management of drugs and biologicals.</p> <p>Evidence of approval by a licensed pharmacist.</p> <p>Addresses availability of a licensed pharmacist 24/7 for advice.</p> <p>Addresses placement of emergency drug kit, and records of receipt, disposition, destruction, and reconciliation of all controlled drugs.</p> <p>Assures that only licensed nurses or doctors are allowed to administer medications.</p> | | | |
| | <p><u>290-9-43-22</u></p> <p>48. Description of system for creating and maintaining medical records. (cont.)</p> <p>Requires entries be signed and dated by the service provider and entered into the record within seven days.</p> | | | |

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| | <p>Requires each record contain identification data, the initial and subsequent assessments, medical and psychosocial history, consent and authorization forms, the interdisciplinary plan of care, the name of the attending physician, and complete documentation of all services and events concerning the patient and their family and the hospice.</p> <p>Defines safeguards for storage and confidentiality of the records.</p> | | | |
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Reviewed by: _____

Date: _____