

## Resources

### Michigan Hospice Providers: Revised Hospice and Hospice Residences Rules

October 10, 2017

Revisions to the Hospice and Hospice Residences Rules (“Rules”) of the Michigan Department of Licensing and Regulatory Affairs, Bureau of Community and Health Systems (the “Department”) became effective September 28, 2017. The revisions were intended to align the Rules with current industry standards and eliminate unnecessary regulation. Hospice providers must review the revised Rules to ensure compliance and avoid legal risk.

#### Key Provisions

The Rules set forth the licensing requirements to establish, maintain, or operate a hospice or hospice residence in the State of Michigan. Many of the revisions are designed to streamline the Rules and use current industry terms, but they also make some substantive changes that hospice providers need to know including:

#### Governing Body

The Rule clarifies that the governing body has full legal authority and responsibility for the management of the hospice, the provision of all hospice services, its fiscal operations, and continuous quality assessment and performance improvements. The governing body is charged with appointing a qualified administrator responsible for the day-to-day operation of the hospice, including regulatory compliance. The administrator must be a hospice employee.

#### Patient Records

A new Rule addresses the maintenance of a patient record including the physician certification and recertification of terminal illness, a copy of advance directives or notation that patient declined, physician orders, and the initial and updated plan of care, assessments, and clinical notes.

#### Application for Initial or Renewed License

In addition to submitting an initial or renewed hospice license application to the Department, a hospice must notify the Department of a change of ownership, relocation, or change in bed capacity. The Department prepared a new application form and instructions which can be found [here](#).

#### Contractual Services

The prior Rules permitted a hospice to contract with other health care providers or appropriate parties for the provision of care and services. The revisions prohibit contracting for non-employee nursing and social work services.

#### Nursing Services

Nurse practitioner services are now included in the Rule pertaining to the delegated functions of a licensed physician. In addition, a hospice R.N. must complete an initial assessment of the patient’s condition within 48 hours after election of hospice care, unless sooner requested by the physician, patient or patient representative. The hospice interdisciplinary group must complete its comprehensive assessment (including identifying the patient’s immediate physical, psychosocial, emotional, and spiritual needs) no later than five calendar days after the election of hospice care. The patient care plan must be revised or updated every 15 days or as the needs of the patient/family unit changes.

### **Hospice Aide Services**

A new Rule addresses services of hospice aides which may be available, directly or by written agreement, under the supervision of an R.N. In addition to requiring compliance with the Medicare condition of participation for hospice aide services, the hospice must have policies and procedures for hospice aides services that are approved by the director of nursing. An R.N. nurse must make an annual on-site visit to each location where a patient receives care to observe and assess each hospice aide.

### **Pharmaceuticals, Medical Supplies, and Durable Medical Equipment**

A hospice is required to provide the medical supplies and appliances, durable medical equipment, and drugs and biologicals related to the palliation and management of the terminal illness and related conditions as identified in the hospice plan of care. The interdisciplinary team must determine the eligibility of the patient/family unit to safely administer drugs and biologicals to the patient in the home. The hospice must ensure the patient/family unit receives instruction and can demonstrate the safe use of drugs and biologicals, medical supplies, appliances, and durable medical equipment. In addition, the hospice must have written policies and procedures for the management and disposal of drugs and biologicals in the patient's home.

### **Dietary**

A hospice residence must offer dietary counseling by a qualified individual (registered nurse, dietitian, or nutritionist) regarding appropriate nutritional intake as the patient's condition progresses.

Hospice providers affected by the Rules must review the new changes to ensure compliance. For additional information, please contact Monica Wilkinson at 313-568-6679 or [mwilkinson@dykema.com](mailto:mwilkinson@dykema.com), or the Dykema attorney with whom you work.

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### **Practice Areas**

Health Care

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