



# Hospice Services Service Standard

Texas Department of State Health Services, HIV Care Services Group — [HIV/STD Program | Texas DSHS](#)

Subcategories	Service Units
Hospice Care—Facility Based	Per day
Hospice Care—Home	Per visit
Hospice Services	Per payment

## Health Resources and Services Administration (HRSA)

### Description:

Hospice Services are end-of-life care services provided to clients in the terminal stage of an HIV-related illness. Allowable services are:

- Mental health counseling
- Nursing care
- Palliative therapeutics
- Physician services
- Room and board

### Program Guidance:

Agencies may provide services in a home or other residential setting, including a nonacute care section of a hospital that has been designated and staffed to provide hospice services. This service category does not extend to skilled nursing facilities or nursing homes.

To meet the need for hospice services, a physician must certify that a client is terminally ill and has a defined life expectancy as established by the State of Texas. The certifying physician must have appropriate and valid licensure as required by

the State of Texas. Counseling services provided in the context of hospice care must be consistent with the definition of mental health counseling. Palliative therapies must be consistent with those covered under Texas Medicaid.

### **Limitations:**

Ryan White Part B and State Services cannot fund hospice services in a skilled nursing facility or nursing home.

Agencies may not use Ryan White Part B and State Service funds for funeral, burial, cremation, or related expenses. Agencies may not use Hospice Services funds for nutritional services, durable medical equipment, medical supplies, or case management services.

### **Universal Standards:**

Service providers for Hospice Services must follow [HRSA and DSHS Universal Standards](#) 1-46 and 86-91.

## Service Standards and Measures:

The following standards and measures are guides to improving healthcare outcomes for people living with HIV throughout the State of Texas within the Ryan White Part B and State Services Program.

Standard	Measure
<p><b>Physician Certification:</b> The attending physician must certify that a client is terminally ill, defined under Texas Medicaid hospice regulations as having a medical prognosis of 6 months or less to live if the illness runs its normal course.</p> <p>The certification statement should include information from record review or consultation with the referring physician. The attending hospice physician or the client’s primary care provider may give orders for client care, including medications and other palliative therapies.</p>	<ol style="list-style-type: none"> <li>1. Percentage of clients with an attending physician’s certification of terminal illness in the client’s primary record.</li> <li>2. Percentage of clients with documentation of physician orders for initiation of care.</li> </ol>
<p><b>Health Assessment:</b> Staff must complete a comprehensive health assessment for each client within 48 hours of admission that identifies the client’s needs for medical, nursing, social, emotional, and spiritual care.</p>	<ol style="list-style-type: none"> <li>3. Percentage of clients with a comprehensive health assessment completed within 48 hours of admission.</li> </ol>
<p><b>Care Planning:</b> Agencies must complete a care plan based on the provider’s orders for each client within 7 calendar days of admission and must review plans monthly, at a minimum.</p> <p>The hospice provider must maintain a complete medication list for all clients, including both scheduled and as-needed medications. Providers may prescribe HIV medications if discontinuance would result in adverse physical or psychological effects.</p>	<ol style="list-style-type: none"> <li>4. Percentage of clients with a care plan completed within 7 calendar days of admission.</li> <li>5. Percentage of clients with documentation of monthly care plan reviews.</li> <li>6. Percentage of clients with a complete medication list in the client’s primary record.</li> </ol>

<p><b>Bereavement Counseling:</b> Hospice providers must have an organized program for the provision of bereavement services, under the supervision of a qualified professional with experience or education in grief or loss counseling. Agencies must make bereavement services available to the client’s family and loved ones and these services should reflect the needs of the bereaved. Hospice staff should develop a bereavement plan of care that notes the kind of bereavement services to be offered to the client’s loved ones and the frequency of service delivery.</p>	<p>7. Percentage of clients with documentation of bereavement counseling offered to the family upon admission to hospice services.</p>
<p><b>Dietary Counseling:</b> Agencies should provide dietary education and interventions as needed, which may include counseling for clients and family members regarding appropriate nutritional intake as the client’s condition progresses. A dietician or registered nurse must perform dietary counseling.</p>	<p>8. Percentage of clients with documentation of dietary counseling provided, when a need is identified in the care plan.</p>
<p><b>Spiritual Counseling:</b> Hospice service providers must offer spiritual counseling that meets the client’s needs for spiritual support. Spiritual counseling staff should:</p> <ul style="list-style-type: none"> <li>• Advise the client of the availability of spiritual counseling services</li> <li>• Assess the client's spiritual needs</li> <li>• Make all reasonable efforts to facilitate visits by local clergy, a pastoral counselor, or other persons who can support a client's spiritual needs</li> </ul>	<p>9. Percentage of clients with documentation that spiritual counseling was offered.</p>
<p><b>Mental Health Counseling:</b> Agencies must offer mental health counseling for clients who demonstrate a need or who request these services. Care should be solution-focused, outcomes-oriented, and have a time-limited set of activities for the purpose of achieving goals identified in the client’s individual treatment plan. A licensed mental health professional should provide mental health counseling services (see <a href="#">Mental Health Service Standard</a> and <a href="#">Universal</a></p>	<p>10. Percentage of clients with documentation that mental health counseling was offered, as medically indicated.</p>

<p><a href="#">Standards</a> for qualifications).</p>	
<p><b>Discharge:</b> A client is no longer in need of hospice services if one or more of these criteria is met:</p> <ul style="list-style-type: none"> <li>• Client dies</li> <li>• Client’s medical condition improves, and hospice care is no longer necessary <ul style="list-style-type: none"> <li>○ A referral to Medical Case Management or Outpatient/Ambulatory Health Services must be completed</li> </ul> </li> <li>• Client elects to be discharged</li> <li>• Client is discharged for cause</li> <li>• Client is transferred out of the provider’s facility</li> </ul>	<p>11. Percentage of clients with documentation of discharge status, as applicable.</p>

## References:

Division of Metropolitan HIV/AIDS Programs, HIV/AIDS Bureau (HAB). [Ryan White HIV/AIDS Program \(RWHAP\) National Monitoring Standards for RWHAP Part A Recipients](#). Health Resources and Services Administration, June 2022.

Division of State HIV/AIDS Programs, HIV/AIDS Bureau (HAB). [Ryan White HIV/AIDS Program \(RWHAP\) National Monitoring Standards for RWHAP Part B Recipients](#). Health Resources and Services Administration, June 2022.

Ryan White HIV/AIDS Program. [Policy Notice 16-02: Eligible Individuals & Allowable Uses of Funds](#). Health Resources & Services Administration, 22 Oct. 2018.