

2082 - Discharge from Hospice Care

(Rev. 73, Issued: 12-02-11 Effective: 12-02-11, Implementation: 12-02-11)

Once a hospice chooses to admit a Medicare beneficiary, it may not automatically or routinely discharge the beneficiary at its discretion, even if the care promises to be costly, inconvenient, or the State allows for discharge under State law. The situations under which a hospice may discharge a patient are addressed in the regulation at 42 CFR 418.26 and include the following situations:

- The patient moves out of the hospice's service area or transfers to another hospice;
- The hospice determines that the patient is no longer terminally ill; and
- The hospice determines under a policy set by the hospice for the purpose of addressing discharge for cause, that the patient's (or other persons in the patient's home) behavior is disruptive, abusive, or uncooperative to the extent that delivery of care to the patient or the ability of the hospice to operate effectively is seriously impaired.

The hospice must do the following before it seeks to discharge a patient for cause:

- Advise the patient that a discharge for cause is being considered;

Make a serious effort to resolve the problem(s) presented by the patient's (or other persons in the patient's home) behavior or situation;

- Ascertain that the patient's proposed discharge is not due to the patient's use of necessary hospice services; and
- Document in the clinical record, the problem(s) and efforts made to resolve the problem(s).

Prior to discharging a patient for any reason stated above, the hospice IDG must obtain a written physician's discharge order from the hospice medical director. If a patient has an attending physician involved in his or her care, this physician should be consulted before discharge and his/her review and decision included in the discharge note.

The hospice notifies its Medicare administrative contractor (MAC) and SA of the circumstances surrounding the impending discharge. The hospice should also consider referrals to other appropriate and/or relevant state/community agencies (i.e., Adult Protective Services) or health care facilities before discharge.