GEORGIA DEPARTMENT
OF COMMUNITY HEALTH

Brian P. Kemp, Governor

Frank W. Berry, Commissioner

2 Peachtree Street, NW | Atlanta, GA 30303-3159 | 404-656-4507 | www.dch.georgia.gov

PUBLIC NOTICE OF PROPOSED RULE CHANGES

Pursuant to the Georgia Administrative Procedures Act, Official Code of Georgia (O.C.G.A.) § 50-13-1, et seq., the Georgia Department of Community Health is required to provide public notice of its intent to adopt, amend, or repeal certain rules other than interpretative rules or general statements of policy. Accordingly, the Department hereby provides notice of its intent to revise the **Rules and Regulations for Hospices, Ga. Comp. Rules & Regs., R. 111-8-37.** These rules are being proposed pursuant to the authority granted to the Department in O.C.G.A. §§ 31-2-5 and 31-2-7. An exact copy of the revised rules and a synopsis of the revisions are attached to this public notice.

NOTICE OF PUBLIC HEARING

An opportunity for public comment will be held on January 14, 2020 at 11:00 a.m. at the Department of Community Health (2 Peachtree St., N.W., Atlanta, GA 30303) in the 5th Floor Board Room. Oral comments may be limited to ten (10) minutes per person. Individuals who are disabled and require assistance to participate during this meeting should contact the Office of General Counsel at (404) 656-7993 at least three (3) business days prior to the meeting.

Individuals wishing to comment in writing on the proposed rules should do so on or before January 17, 2020. Comments may be faxed to (404) 656-0663, emailed to vharrell@dch.ga.gov, or mailed to the following address:

Attention: Office of General Counsel
Georgia Department of Community Health
2 Peachtree Street, NW, 40th Floor
Atlanta, GA 30303

Comments from written and public testimony will be provided to the Board of Community Health prior to February 13, 2020. The Board will vote on the proposed changes on February 13, 2020.

NOTICE IS HEREBY GIVEN THIS 12th DAY OF December, 2019

Frank W. Berry

RULES OF
GEORGIA DEPARTMENT OF COMMUNITY HEALTH
HEALTHCARE FACILITY REGULATION DIVISION

CHAPTER 111-8-37
RULES AND REGULATIONS FOR HOSPICES

SYNOPSIS OF REVISED RULES

STATEMENT OF PURPOSE: The Georgia Department of Community Health proposes to revise the Rules and Regulations for Hospices, Chapter 111-8-37. These rules are being revised pursuant to the authority granted the Department of Community Health in O.C.G.A. § 31-2-5 and O.C.G.A. § 31-2-7.

MAIN FEATURE OF THE PROPOSED RULE: Revision of the rules to reference new criminal background check requirements which are now found in Chapter 111-8-12; to modify disaster preparedness requirements; and to add requirements necessary to comply with HB 374.

RULES OF
GEORGIA DEPARTMENT OF COMMUNITY HEALTH
HEALTHCARE FACILITY REGULATION DIVISION

CHAPTER 111-8
HEALTHCARE FACILITY REGULATION

111-8-37
RULES AND REGULATIONS FOR HOSPICES

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Rule 111-8-37-.07 Governing Body

(1) The hospice must have an established and functioning governing body that is responsible for the conduct of the hospice and that provides for effective hospice governance, management, and budget planning.

(2) The governing body must appoint an administrator and delegate to the administrator the authority to operate the hospice in accordance with these rules and management policies established and approved by the governing body.

(3) The governing body must appoint a medical director and delegate to the medical director the authority to establish and approve, in accordance with current accepted standards of care, all patient care policies related to medical care.

(4) The governing body must ensure that no member of the governing body, administration, staff associated or affiliated with the hospice, or family member of staff causes, encourages or coerces any patient or family member of a patient to:

(a) name any person associated or affiliated with the hospice as a beneficiary under a will, trust, or life insurance policy; or

(b) take out or otherwise secures a life insurance policy on any patient; or

(c) give or loan anything of value to a member of the governing body, administration, staff associated or affiliated with the hospice or family member of staff.

(5) The governing body must be responsible for determining, implementing, and monitoring the overall operation of the hospice, including the quality of care and services, management, and budget planning. The governing body must:

(a) Be responsible for ensuring the hospice functions within the limits of its current license granted by the Department;

(b) Ensure that the hospice provides coordinated care that includes at a minimum medical, nursing, social, spiritual, volunteer, and bereavement services that meet the needs of the patients;

(c) Ensure that the hospice is staffed and equipped adequately to provide the services it offers to patients,

whether the services are provided directly by the hospice or under contract;

(d) Develop and make available to patients and their families, a description of services offered by the hospice, including patient eligibility for the various services and whether the hospice provides palliative care to patients who have not been determined to be terminally ill but have been diagnosed with an advanced and progressive disease;

(e) Ensure the development and implementation of effective policies and procedures that address the management, operation, and evaluation of the hospice, including all patient care services and those services provided by independent contractors;

(f) Ensure there is an individual authorized in writing to act for the administrator during any period the administrator is absent;

(g) Appoint an individual to assume overall responsibility for a quality assurance, utilization, and peer review program for monitoring and evaluating the quality and level of patient care in the hospice on an ongoing basis;

(h) Ensure that hospice advertisements are factual and do not contain any element that might be considered coercive or misleading;.

(i) Ensure that hospice care to patients who have been determined to be terminally ill is provided regardless of the patient or the family unit's ability to pay; and

(j) Ensure that there are policies and procedures in place that specify the manner in which transitions across care sites and providers (e.g. hospital to home hospice) will be handled to ensure that communications are effective to address continuity of care issues for the patient.

(6) The governing body shall comply with the Rules and Regulations for Criminal Background Checks, Chapter 111-8-12, as applicable.

Authority: O.C.G.A. §§ 31-7-170 et seq. and 31-7-350 et seq.

Rule 111-8-37-.08 Administrator

(1) Each hospice must have a qualified administrator, designated by the governing body, who must be responsible for the ongoing and day-to-day operation of the hospice.

(2) The hospice administrator must be either a Georgia-licensed health care professional, who has at least one year of supervisory or management experience in a hospice setting or an individual with education, training and experience in health services administration and at least two years of supervisory or management experience in a hospice setting. The term, licensed health care professional, includes the following who hold Georgia licenses: physicians, nurse practitioners, physicians' assistants, registered professional nurses, clinical social workers, physical therapists and psychologists, but does not include practical nurses.

(3) The hospice administrator must ensure that the hospice:

(a) Implements policies and procedures for the provision of hospice care and palliative care to persons with advanced and progressive diseases, if it offers such services, which have been developed with interdisciplinary participation from the hospice care team;

(b) Employs qualified staff, including physicians, practitioners, nurses, social workers, clergy, volunteers, or other persons providing services at the hospice;

(c) Has implemented policies and procedures related to the management, operation, and evaluation of the overall performance of the hospice;

(d) Has a qualified director of nursing services along with sufficient qualified staff to meet the needs of patients admitted for hospice care and palliative care, if offered to persons with advanced and progressive diseases but who have not been determined to be terminally ill, and as outlined in the patients' plans of care;

(e) Provides an orientation, training, and supervision program for every employee and volunteer that addresses hospice care and palliative care for persons with advanced and progressive diseases, when offered, and the performance of the specific job to which the employee or volunteer is assigned;

(f) Ensures that the staff members complete their annual training and education program; and

(g) Ensures that there are effective mechanisms to facilitate communication among the hospice staff, hospice care team, and patients, their family units, and their legal guardians, if any.

(4) The hospice administrator shall comply with the Rules and Regulations for Criminal Background Checks, Chapter 111-8-12, as applicable.

Authority: O.C.G.A. §§ 31-7-170 et seq. and 31-7-350 et seq.

Rule 111-8-37-.11 Disaster Preparedness

(1) Every hospice must have a current disaster preparedness plan that addresses potential situations where services to patients may be disrupted and outlines appropriate courses of action in the event a local or widespread disaster occurs including communications with patients and their families and emergency management agencies.

(2) The disaster preparedness plan must include at a minimum plans for the following emergency situations:

(a) Local and widespread severe weather emergencies or natural disasters, such as floods, ice or snow storms, tornados, hurricanes, and earthquakes;

(b) Interruption of service of utilities, including water, gas, or electricity, either within the facility or patients' homes or within a local or widespread area; and

(c) Coordination of continued care in the event of an emergency evacuation of the area.

(3) If the hospice offers residential and/or inpatient services, in addition to the procedures specified in paragraph (2) of this rule, the plan must also include:

(a) Fire safety and evacuation procedures and procedures for the provision of emergency power, heat, air conditioning, food, and water; and

(b) Plans for the emergency transport or relocation of all or a portion of the hospice patients, should it be necessary, in vehicles appropriate to the patients' conditions when

possible, including written agreements with any facilities which have agreed to receive the hospice's patients in such situations, and notification of the patients' representatives.

(4) The hospice must have plans to ensure sufficient staffing and supplies to maintain safe patient care during the emergency situation.

(5) The plan must be reviewed and revised annually, as appropriate, including any related written agreements.

(6) Disaster preparedness plans for hospice care facilities must be rehearsed at least annually~~quarterly~~. Rehearsals must be document~~t~~ed to include staff and patient participants, a summary of any problems identified, and the effectiveness of the rehearsal. In the event an actual disaster occurs in any given year~~quarter~~, the hospice may substitute the actual disaster's response in place of that year~~quarter~~'s rehearsal.

(7) Hospices must include emergency management agencies in the development and maintenance of their disaster preparedness plans and also provide copies of such plans to those agencies as requested.

(8) The Department may suspend any requirements of these rules and the enforcement of any rules where the Governor of the State of Georgia has declared that a state of emergency or disaster exists as a result of a public health emergency.

Authority: O.C.G.A. §§ 31-7-170 et seq. and 50-13-4.

Rule 111-8-37-.13 Human Resources

(1) All persons providing services for a hospice must be qualified by education, training, and experience to carry out all duties and responsibilities assigned to them.

(2) All persons providing services for a hospice must receive an orientation to the hospice to include, but not be limited to:

(a) Hospice concepts and philosophy;

(b) Patient rights including abuse reporting requirements; and

(c) Hospice policies and procedures, including, but not limited to, disaster preparedness, fire safety and emergency evacuations, and reporting abuse and neglect.

(3) Where a patient does not have a do-not-resuscitate order, the hospice must ensure that all persons providing hands-on care directly to that patient on behalf of the licensed hospice have current certification in basic cardiac life support (BCLS) or cardiopulmonary resuscitation.

(4) The hospice must have an effective annual training and education program for all staff and volunteers who provide hands-on care to patients that addresses at a minimum:

(a) Emerging trends in infection control;

(b) Recognizing abuse and neglect and reporting requirements;

(c) Patient rights; and

(d) Palliative care.

(5) The administrator and each staff member and volunteer who has direct contact with patients or their family units must receive an initial and annual health screening evaluation, performed by a licensed health care professional in accordance with accepted standards of practice, sufficient in scope to ensure that the staff and volunteers screened are free of communicable and health diseases that pose potential risks to patients, their family units, and other staff and volunteers.

(6) Human resource files must be maintained for the following individuals delivering any services associated with the written plan of care: each staff member, independent contractor, and volunteer. The files must contain the person's application, employment history, emergency contact information, evidence of qualifications, job description, evidence of initial and annual health screening, yearly skills competency assessments, evidence of verified licensure or certification, and criminal record check as appropriate, and evidence of orientation, education, and training. These files must be available for inspection by the appropriate enforcement authorities on the premises.

(7) Where the hospice contracts with a staffing agency to provide any services specified in a plan of care, the written contract must

require the contracting agency to verify licensing credentials, where applicable, of contract workers to ensure that such workers meet the same qualifications and licensure requirements as specified for hospice employees providing such services directly. The hospice must retain a copy of the contract.

(8) The hospice must comply with the Rules and Regulations for Criminal Background Checks, Chapter 111-8-12, with respect to direct access employees and maintain documentation of a satisfactory fingerprint criminal record check determination in the individual's personnel file.

Authority: O.C.G.A. §§ 31-7-170 et seq. and 31-7-350 et seq.

Rule 111-8-37-.21 Pharmaceutical Services

(1) The hospice must provide for the procurement, storage, administration, and destruction of drugs and biologicals utilized for hospice care in accordance with accepted professional principles and in compliance with all applicable state and federal laws.

(2) The hospice must:

(a) Ensure medication and pharmacy procedures are approved by a licensed pharmacist who is either employed directly or has a formal arrangement with the hospice;

(b) Ensure the availability of a licensed pharmacist on a 24-hour per day basis to advise the hospice staff regarding medication issues and to dispense medications;

(c) Ensure that any emergency drug kit placed in the hospice is in accordance with all applicable laws and rules and regulations:

(d) Ensure that drugs and biologicals are labeled in accordance with current accepted standards of practice;

(e) Ensure effective procedures for control and accountability of all drugs and biologicals throughout the hospice, including records of receipt, disposition, destruction, and reconciliation of all controlled substances and dangerous drugs; and

(f) Ensure that only licensed nurses or physicians, acting within the scope of their licenses, administer medications on behalf of the hospice, except for liquid morphine

administered in accordance with O.C.G.A. § 31-7-12.2(g)(7)(G).

(3) In the event of special circumstances under which the hospice is unavailable to administer liquid morphine to a hospice patient residing in an assisted living community, the hospice may train a certified medication aide at the community to administer the medication, subject to the following requirements:

(a) The patient is under a physician's written order that contains specific instructions for indication, dosage, frequency and route of administration;

(b) The initial dose is administered by a licensed hospice health care professional;

(c) The hospice provides adequate training to ensure that the medication aide who will be administering the liquid morphine can do so safely and properly;

(d) The morphine administration training is repeated at least on an annual basis to ensure continuing competency; and

(e) The hospice maintains documentation of compliance with these requirements.

Authority: O.C.G.A. §§ 31-7-170 et seq. and 31-7-12.2(g)(7)(G).