

Connecticut
Department of Public
Health

Regulations regarding:

Short-term Hospitals, special, hospice and
Hospice inpatient facilities

Substitute pages:
24, 25, 26, 27, 28, 28a, 41
Certification page

- (6) "Commissioner" means the Commissioner of Public Health, or the commissioner's designee;
- (7) "Complementary therapies" means non-traditional therapies that are used in combination with standard medical treatments, including, but not limited to, massage, yoga, art or music therapy;
- (8) "Comprehensive assessment" means a thorough evaluation of the patient's physical, psychosocial, emotional and spiritual status and needs related to the terminal illness and related conditions. This includes an evaluation of the caregiver's and family's willingness and capability to care for the patient;
- (9) "Contracted services" means services provided by the hospice which are subject to a written agreement with an individual, another agency or another facility;
- (10) "Contractor" means any organization, individual or facility that is hired or paid to provide services to hospice patients under a written agreement with the hospice;
- (11) "Department" means the Department of Public Health;
- (12) "Dietary counseling" means education and interventions provided to the patient and family regarding appropriate nutritional intake as the patient's condition progresses. Dietary counseling is provided by qualified individuals, which may include an advanced practice registered nurse, registered nurse, registered dietician or nutritionist, when identified in the patient centered plan of care;
- (13) "Direct service staff" means individuals employed or under written agreement with the hospice inpatient facility whose primary responsibility is delivery of care to patients;
- (14) "Family" means an individual or a group of individuals whom the patient identifies as such regardless of blood relation or legal status;
- (15) "Full-time" means employed and on duty not less than thirty-five hours per work week on a regular basis;
- (16) "Twenty-four hour basis" means services provided twenty-four hours per day, seven days per week;
- (17) "Hospice care" means a comprehensive set of services identified and coordinated by an interdisciplinary team to provide for the physical, psychosocial, spiritual, and emotional needs of a terminally ill patient and the patient's family members, which shall be delineated in the individualized patient centered plan of care across all care settings;
- (18) "Hospice inpatient facility" means a facility or hospice residence that provides palliative care for hospice patients requiring short-term, general inpatient care for pain and symptom management, end of life care or respite care and provides the services required pursuant to section 19a-122b of the Connecticut General Statutes;
- (19) "Initial assessment" means an evaluation of the patient's physical, psychosocial and emotional status at the time of admission related to the terminal illness and related conditions to determine the patient's immediate care and support needs;
- (20) "Inpatient respite care" means short-term inpatient care provided to terminally ill patients to provide relief to family members or others caring for the patient;
- (21) "Interdisciplinary team" means a group of individuals who work together to meet the physical, medical, psychosocial, emotional and spiritual needs of the hospice patients and families facing terminal illness and bereavement. The team shall include: a physician, registered nurse, social worker, spiritual counselor and other persons as may be deemed appropriate;

- (22) "Licensed independent practitioner" means an individual licensed in Connecticut as a physician, or an advanced practice registered nurse;
- (23) "Licensee" means [the hospice inpatient facility] a person, group of persons, association, organization, institution, or agency, public or private that is licensed in accordance with section 19a-495-6b of the Regulations of Connecticut State Agencies;
- (24) "Medical director" means a physician with experience and training in hospice care licensed to practice medicine in Connecticut in accordance with Chapter 370 of the Connecticut General Statutes;
- (25) "Nurse" means a person licensed under chapter 378 of the Connecticut General Statutes to practice nursing as an advanced practice registered nurse, registered nurse, or licensed practical nurse;
- (26) "Nursing assistant" means the hospice aide, home health aide, or a nurse's aide who is registered and in good standing on the nurse's aide registry maintained by the department in accordance with section 20-102bb of the Connecticut General Statutes;
- (27) "Occupational therapy" shall have the same meaning as provided in section 20-74a(1) of the Connecticut General Statutes and shall be performed in accordance with accepted standards of practice and applicable law by an occupational therapist or occupational therapy assistant licensed under Chapter 376a of the Connecticut General Statutes;
- (28) "Palliative care" means patient and family-centered care that optimizes quality of life by anticipating, preventing, and treating suffering. Palliative care throughout the continuum of illness involves addressing physical, intellectual, emotional, social, and spiritual needs and the facilitation of patient autonomy, access to information, and choice;
- (29) "Patient centered plan of care" means a comprehensive individualized written plan of care established by the interdisciplinary team in collaboration with a licensed independent practitioner, and patient or family that addresses the physical, intellectual, emotional, social, and spiritual needs of the patient;
- (30) "Pharmacist" shall have the same meaning as provided in section 20-571(17) of the Connecticut General Statutes;
- (31) "Physical Therapy" shall have the same meaning as provided in section 20-66(2) of the Connecticut General Statutes and shall be performed by a physical therapist or physical therapist assistant who is licensed under Chapter 376 of the Connecticut General Statutes;
- (32) "Physician" shall have the same meaning as provided in section 20-13a(6) of the Connecticut General Statutes;
- (33) "Physician assistant" shall have the same meaning as provided in section 20-12a(5) of the Connecticut General Statutes;
- (34) "Quality care" means that the patient receives clinically competent care, that meets current professional standards, is supported and directed in a planned pattern toward mutually defined outcomes, achieves maximum symptom management and comfort consistent with individual potential life style and goals, receives coordinated service through each level of care and is taught self-management and preventive health measures;
- (35) "Representative" means a designated member of the patient's family or person legally authorized to act for the patient in the exercise of the patient's rights in accordance with applicable law;
- (36) "Restraint" means:
- (A) Any manual method, physical or mechanical device, material, or

- equipment that immobilizes or reduces the ability of a patient to move the arms, legs, body, or head freely, not including devices, such as orthopedically prescribed devices, surgical dressings or bandages, protective helmets, methods that involve the physical holding of a patient for the purpose of escorting the patient or conducting a routine physical examination or test, methods or devices intended to protect the patient from falling out of bed or allowing the patient to participate in an activity without the risk of physical harm; or
- (B) A drug or medication when it is used as a restriction to manage the patient's behavior or restrict the patient's freedom of movement and is not a standard treatment or dosage for the patient's condition;
- (37) "Seclusion" means the involuntary confinement of a patient alone in a room or an area from which the patient is physically prevented from leaving;
- (38) "Social work services" means services provided in accordance with accepted standards of practice and applicable law by a licensed clinical social worker or licensed master social worker licensed under Chapter 383b of the Connecticut General Statutes;
- (39) "Speech and language therapy services" means services provided in accordance with acceptable standards of practice and applicable law by a speech and language pathologist licensed under Chapter 399 of the Connecticut General Statutes;
- (40) "Spiritual counseling" means the assessment and delivery of services in accordance with the patient and family's beliefs;
- (41) "Spiritual counselor" means a person who is ordained clergy (individual ordained for religious service), pastoral counselor or other person who can support the patient's spiritual needs;
- (42) "Patient" means a person that is terminally ill and has a medical prognosis with a life expectancy of 6 months or less if the illness runs its usual course;
- (43) "Statement of ownership and operation" means a written statement as to the legal owners of the premises and legal entity that operates the facility to be licensed; and
- [(43)] (44) "Volunteer" means a person who receives no remuneration for services provided to the hospice.

19a-495-6b Licensure Procedures

- (a) No person, group of persons, association, organization, institution or agency, public or private, shall establish, conduct or maintain a hospice inpatient facility without a license issued by the Commissioner of Public Health in accordance with this section and section 19a-491 of the Connecticut General Statutes. Such person or entity shall secure such license and any other required government authorization to provide hospice care services for terminally ill persons on a twenty-four-hour basis in all settings including, but not limited to, a private home, nursing home, residential care home or specialized residence that provides supportive services and shall present to the department satisfactory evidence that such person or entity has retained the services of qualified personnel necessary to provide services in such settings.
- (b) Application for initial or renewal licensure.
- (1) Application for the initial granting or renewal of a license shall be made by the applicant to the department, in writing, on forms provided by the department.
- (2) The application shall be signed by the owner of the hospice inpatient facility or by a person duly authorized to act on behalf of owner of the facility and shall include responses to all the information required on the forms provided by the department. The application shall be signed under oath, the signature

notarized and the application form shall cite the provisions of Connecticut General Statutes sections 53a-157b.

- (3) Application for the grant or renewal of a license to operate a hospice inpatient facility shall include the following information, if applicable:
- (A) Statement of ownership and operation:
 - [(A)](B) Names and titles of professional and unlicensed assistive personnel;
 - [(B)](C) Signed acknowledgement of duties for the administrator, medical director, and director of nurses upon initial application only;
 - [(C)](D) Patient capacity;
 - [(D)](E) Total number of employees, by category;
 - [(E)](F) Services provided;
 - [(F)](G) Evidence of financial capacity;
 - [(G)](H) Certificates of malpractice and public liability insurance; and
 - [(H)](I) Local Fire Marshal's biennial license.
 - [(I)](J) Affidavits as described in Connecticut General Statutes section 19a-491a(a)(3);
 - [(J)](K) Reports from criminal history and patient abuse background searches pursuant to Connecticut General Statutes section 19a-491c for the owner of the hospice inpatient facility; any officers, directors, trustees or managing and general partners of the owner; any person having a ten percent or greater ownership interest in the owner; all members of governing authority; the administrator; the medical director; and the director of nurses;
 - [(K)](L) The licensing or renewal fee as provided in the Connecticut General Statutes; and
 - [(L)](M) Such additional information as the Department may request.
- (4) Any person who makes a material false statement in an application shall be subject to penalties in accordance with section 19a-500 of the Connecticut General Statutes.
- (c) Issuance and renewal of license.
- (1) The Department may, in its discretion, deny an application for licensure or a renewal application for any of the following reasons:
 - (A) The license application or renewal application is not complete;
 - (B) The applicant's failure to comply with applicable federal, state and local laws;
 - (C) If the Department determines that any of the individuals identified in subsection (b)(3) of this section have been subject to any of the criminal, civil or administrative actions described in section 19a-491a(a)(3) of the General Statutes; or
 - (D) A material misstatement of fact is made on an initial or renewal application.
 - (2) Subject to subsection (c)(1) of this section, the Department may issue a license or renewal of a license to operate the hospice inpatient facility if the Department determines that a hospice inpatient facility is in compliance with the statutes and regulations pertaining to its licensure. The license shall be for a period not to exceed two years.
 - (3) Each facility providing hospice care not physically connected to a licensed hospice inpatient facility, shall require its own license.
 - (4) The Department of Public Health shall issue a license to the hospice inpatient facility in the name of the owner of the hospice inpatient facility or legal entity appearing on the application. The license shall not be transferable or assignable.

- (5) Each license shall specify:
- (A) The maximum licensed bed capacity; and
 - (B) The names of the administrator, medical director and director of nurses; and
 - (C) Any provisional waivers of the Regulations of Connecticut State Agencies that have been granted to the hospice inpatient facility.
- (6) Notice to public. The licensee shall post the license in a conspicuous place in the lobby or reception room of the facility.
- (7) Change in status. Change in ownership [level of care,] number of beds or location shall require a new license to be issued. The licensee shall notify the department in writing not later than ninety days prior to any such proposed change. For purposes of this subdivision, any change in the ownership of a hospice inpatient facility, owned by a person, group of persons, organization, institution or agency, public or private, partnership or association or the change in ownership or beneficial ownership of ten per cent or more of the stock of a corporation that owns, conducts, operates or maintains such hospice inpatient facility, shall be subject to prior approval of the department after a scheduled inspection of such hospice inpatient facility is conducted by the department, provided such approval shall be conditioned upon a showing by such hospice inpatient facility to the commissioner that it has complied with all regulatory requirements. Any such change in ownership or beneficial ownership resulting in a transfer to a person related by blood or marriage to such an owner or beneficial owner shall not be subject to prior approval of the department unless: (A) Ownership or beneficial ownership of ten per cent or more of the stock of a corporation, partnership or association that owns, conducts, operates or maintains more than one hospice inpatient facility is transferred; (B) ownership or beneficial ownership is transferred in more than one hospice inpatient facility; or (C) the hospice inpatient facility is the subject of a pending complaint, investigation or licensure action. If the hospice inpatient facility is not in compliance, the commissioner may require the new owner to sign a consent order providing reasonable assurances that the violations shall be corrected within a specified period of time. Notice of any such proposed change of ownership shall be given to the department at least ninety days prior to the effective date of such proposed change. For the purposes of this subdivision, "a person related by blood or marriage" means a parent, spouse, child, brother, sister, aunt, uncle, niece or nephew. For the purposes of this subdivision, a change in the legal form of the ownership entity, including, but not limited to, changes from a corporation to a limited liability company, a partnership to a limited liability partnership, a sole proprietorship to a corporation and similar changes, shall not be considered a change of ownership if the beneficial ownership remains unchanged and the owner provides such information regarding the change to the department as may be required by the department in order to properly identify the current status of ownership and beneficial ownership of the facility or institution. For the purposes of this subdivision, a public offering of the stock of any corporation that owns, conducts, operates or maintains any hospice inpatient facility shall not be considered a change in ownership or beneficial ownership of such hospice inpatient facility if the licensee and the officers and directors of such corporation remain unchanged, such public offering cannot result in an individual or entity owning ten per cent or more of the stock of such corporation, and the owner provides such information to the department as may be required by the department in order to properly identify the current status of ownership and beneficial ownership of the hospice inpatient facility.
- (8) Change in personnel. The governing authority shall notify the department immediately, and shall confirm in writing not more than five days after such notification to the department, of both the resignation or removal and the subsequent appointment of the hospice inpatient facility's administrator, medical director, or director of nurses.

- (9) Failure to grant the department immediate access to the hospice inpatient facility or to the hospice inpatient facility's records shall be grounds for denial or revocation of the hospice inpatient facility's license.
- (10) Surrender of license. The administrator shall directly notify each patient or patient representative concerned, the patient's family, the patient's primary physician, and any third party payers concerned at least thirty days prior to the voluntary surrender of the hospice inpatient facility's license or surrender of license upon the department's order of revocation, refusal to renew or suspension of license. In such cases, the license shall be surrendered to the department no later than seven days after the termination of operation.

(d) Waiver.

- (1) The commissioner may waive provisions of these regulations if the commissioner determines that such waiver would not endanger the health, safety or welfare of any patient. The commissioner may impose conditions upon granting the waiver that assure the health, safety and welfare of patients, or may revoke the waiver upon a finding that the health, safety, or welfare of any patient has been jeopardized. The commissioner may grant a waiver for a specified period of time subject to renewal in the commissioner's discretion. The licensee may seek renewal of the waiver by submitting the required written documentation specified in subsection (d)(2) of this section.
- (2) The licensee requesting a waiver shall do so in writing to the department. Such request shall include:
 - (A) The specific regulations for which the waiver is requested;
 - (B) Reasons for requesting a waiver, including a statement of the type and degree of hardship that would result to the facility upon enforcement of the regulations;
 - (C) The specific relief requested;
 - (D) Any documentation that supports the request for waiver; and
 - (E) Alternative policies and procedures proposed.
- (3) In consideration of any request for waiver, the commissioner may consider:
 - (A) The level of care provided;
 - (B) The maximum patient capacity;
 - (C) The impact of a waiver on care provided; and

- (2) The program maintains records of appropriate corrective action to address problems identified through the quality assessment and performance improvement program; and
- (3) The outcome of the corrective action is documented and submitted to the governing authority for its review.
- (d) The members of the quality assessment and performance improvement committee members as described in section 19a-495-6c(e)(10) of the Regulations of Connecticut State Agencies shall be employees of the hospice inpatient facility and shall include at least one licensed independent practitioner, one registered nurse, and spiritual counselor.
- (e) The functions of the quality assessment and performance improvement committee shall be to:
 - (1) Monitor the effectiveness and safety of services and quality of care;
 - (2) Identify opportunities for improvement;
 - (3) Recommend the frequency and detail of data collection to the governing authority;
 - (4) Develop, implement and evaluate performance improvement projects based on the hospice inpatient facility's population and needs that reflect the scope, complexity and past performance of the hospice inpatient facility's services and operations;
 - (5) Ensure there is a rationale as well as a goal and measurable objectives for each project that is implemented;
 - (6) Ensure progress is documented for each project;
 - (7) At least annually review and recommend to the governing authority revisions to the hospice inpatient facility's policies relating to:
 - (A) Quality assessment and improvement activities;
 - (B) Standards of care;
 - (C) Professional issues especially as they relate to the delivery of services and findings of the quality assessment and improvement program.
- (f) The quality assessment and performance improvement committee shall meet at least twice per year and shall maintain records of all quality improvement activities.
- (g) Written minutes shall document dates of meetings, attendance, agenda and recommendations. The minutes shall be presented, reviewed, and accepted at the next regular meeting of the governing authority of the hospice inpatient facility following the quality assessment and performance improvement committee meeting. These minutes shall be available upon request to the commissioner.

19a-495-6j Assessment and Patient Centered Plan of Care

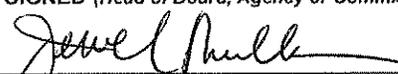
- (a) At the time of admission, an initial assessment shall be completed by a licensed registered nurse to identify and meet the immediate needs of the patient. Within forty-eight hours of a patient's admission, a licensed registered nurse shall complete the assessment to evaluate the patient's immediate physical, psychosocial, emotional, and spiritual status.
- (b) Not later than five days after a patient's admission to the hospice inpatient facility, the interdisciplinary team shall complete a comprehensive assessment for the patient shall include but not limited to the following:
 - (1) History of pain, symptoms, and treatment;
 - (2) Characteristics of pain and symptoms;
 - (3) Physical examination;
 - (4) Current medical conditions and drugs and biological products;
 - (5) Patient or family's goal for pain and symptom management;
 - (6) Condition causing admission;
 - (7) Relevant history as well as complications and risk factors that affect care planning;

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(Certification page—see instructions on back)

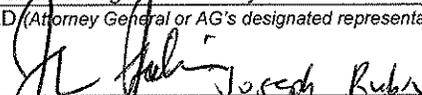
CERTIFICATION

This certification statement must be completed in full, including items 3 and 4, if they are applicable.

- 1) I hereby certify that the above (check one) Regulations Emergency Regulations
- 2) are (check all that apply) adopted amended repealed by this agency pursuant to the following authority(ies): (complete all that apply)
- a. Connecticut General Statutes section(s) 19a-2, 19a-36, and 19a-495.
- b. Public Act Number(s) _____.
(Provide public act number(s) if the act has not yet been codified in the Connecticut General Statutes.)
- 3) And I further certify that notice of intent to adopt, amend or repeal said regulations was published in the **Connecticut Law Journal** on January 11, 2011 and March 1, 2011;
(Insert date of notice publication if publication was required by CGS Section 4-168.)
- 4) And that a public hearing regarding the proposed regulations was held on April 4, 2011;
(Insert date(s) of public hearing(s) held pursuant to CGS Section 4-168(a)(7), if any, or pursuant to other applicable statute.)
- 5) And that said regulations are EFFECTIVE (check one, and complete as applicable)
- When filed with the Secretary of the State
- OR on (insert date) _____

DATE <u>7/19/2012</u>	SIGNED (Head of Board, Agency or Commission) 	OFFICIAL TITLE, DULY AUTHORIZED <u>Commissioner</u>
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APPROVED by the Attorney General as to legal sufficiency in accordance with CGS Section 4-169, as amended

DATE <u>7/23/12</u>	SIGNED (Attorney General or AG's designated representative) 	OFFICIAL TITLE, DULY AUTHORIZED ASSOC. ATTY. GENERAL
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Proposed regulations are DEEMED APPROVED by the Attorney General in accordance with CGS Section 4-169, as amended, if the attorney General fails to give notice to the agency of any legal insufficiency within thirty (30) days of the receipt of the proposed regulation.

(For Regulation Review Committee Use ONLY)

- Approved Rejected without prejudice
- Approved with technical corrections Disapproved in part, (Indicate Section Numbers disapproved only)
- Deemed approved pursuant to CGS Section 4-170(c)

By the Legislative Regulation Review Committee in accordance with CGS Section 4-170, as amended	DATE	SIGNED (Administrator, Legislative Regulation Review Committee)
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Two certified copies received and filed and one such copy forwarded to the Commission on Official Legal Publications in accordance with CGS Section 4-172, as amended.

DATE	SIGNED (Secretary of the State)	BY
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(For Secretary of the State Use ONLY)

GENERAL INSTRUCTIONS

1. All regulations proposed for adoption, amendment or repeal, *except* emergency regulations, must be presented to the Attorney General for his/her determination of legal sufficiency. (See CGS Section 4-169.)
2. After approval by the Attorney General, the original and one electronic copy (in Word format) of all regulations proposed for adoption, amendment or repeal must be presented to the Legislative Regulation Review Committee for its action. (See CGS Sections 4-168 and 4-170 as amended by Public Act 11-150, Sections 18 and 19.)
3. Each proposed regulation section must include the appropriate regulation section number and a section heading. (See CGS Section 4-172.)
4. New language added to an existing regulation must be in underlining or CAPITAL LETTERS, as determined by the Regulation Review Committee. (See CGS 4-170(b).)
5. Existing language to be deleted must be enclosed in brackets []. (See CGS 4-170(b).)
6. A completely new regulation or a new section of an existing regulation must be preceded by the word "(NEW)" in capital letters. (See CGS Section 4-170(b).)
7. The proposed regulation must have a statement of its purpose following the final section of the regulation. (See CGS Section 4-170(b).)
8. The Certification Statement portion of the form must be completed, including all applicable information regarding *Connecticut Law Journal* notice publication date(s) and public hearing(s). (See more specific instructions below.)
9. Additional information regarding rules and procedures of the Legislative Regulation Review Committee can be found on the Committee's web site: <http://www.cga.ct.gov/rr/>.
10. A copy of the Legislative Commissioners' Regulations Drafting Manual is located on the LCO website at http://www.cga.ct.gov/lco/pdfs/Regulations_Drafting_Manual.pdf.

CERTIFICATION STATEMENT INSTRUCTIONS

(Numbers below correspond to the numbered sections of the statement)

1. Indicate whether the regulation is a regular or an emergency regulation adopted under the provisions of CGS Section 4-168(f).
2. a) Indicate whether the regulations contains newly adopted sections, amendments to existing sections, and/or repeals existing sections. Check all cases that apply.
b) Indicate the specific legal authority that authorizes or requires adoption, amendment or repeal of the regulation. If the relevant public act has been codified in the most current biennial edition of the *Connecticut General Statutes*, indicate the relevant statute number(s) instead of the public act number. If the public act has not yet been codified, indicate the relevant public act number.
3. Except for emergency regulations adopted under CGS 4-168(f), and technical amendments to an existing regulation adopted under CGS 4-168(g), an agency must publish notice of its intent to adopt a regulation in the *Connecticut Law Journal*. Enter the date of notice publication.
4. CGS Section 4-168(a)(7) prescribes requirements for the holding of an agency public hearing regarding proposed regulations. Enter the date(s) of the hearing(s) held under that section, if any; also enter the date(s) of any hearing(s) the agency was required to hold under the provisions of any other law.
5. As applicable, enter the effective date of the regulation here, or indicate that it is effective upon filing with the Secretary of the State. Please note the information below.

Regulations are effective upon filing with the Secretary of the State or at a later specified date. See CGS Section 4-172(b) which provides that each regulation is effective upon filing, or, if a later date is required by statute or specified in the regulation, the later date is the effective date. An effective date may not precede the effective date of the public act requiring or permitting the regulation. Emergency regulations are effective immediately upon filing with the Secretary of the State, or at a stated date less than twenty days thereafter.