

## Visiting Nurses and Hospice of San Francisco

### COMING HOME HOSPICE

#### GENERAL INFORMATION

Coming Home Hospice (CHH) is a residential setting where clients with terminal illnesses can receive hospice care and 24-hour attendant care.

CHH is a program of Visiting Nurses and Hospice of San Francisco (VN&H). VN&H provides hospice care and nursing case management in consultation with the client's personal physician and the VN&H Hospice Medical Director. Multidisciplinary services, including registered nursing, social worker and other professional services, are provided on an intermittent basis, and may include spiritual counseling, bereavement support, and rehabilitation therapy. 24-hour care is provided by LVNs and/or home care aides and volunteers. RN and physician services are available on-call 24-hours a day.

CHH is designed to provide 24-hour care in a home-like setting. CHH is not a hospital facility, and patients requiring hospital level of care are not appropriate. Clients are appropriate and eligible for residential hospice placement when they have a prognosis of less than 6 months and have decided in collaboration with their physician to pursue palliative/comfort care only. Admission criteria includes a negative TB skin test, or a chest x-ray that is negative for pulmonary TB. All clients are required to have legally executed a Durable Power of Attorney for Health Care.

CHH has a multiple fee structure. The client will be charged separately for: (1) room and board; and (2) hospice care, including nursing, social worker, attendant/home care aide and rehabilitation services. **Charges for room and board are billed directly to the client. Medicare, Medi-Cal and most private insurances will not reimburse for these charges.** Fees for hospice services will be billed to the client's third party payer, or to the client separately. The client is responsible to pay for any portion of the bill not covered by the third party payer.

#### COMING HOME HOSPICE/VISITING NURSES AND HOSPICE

Coming Home Hospice (CHH) is a beautiful, home-like hospice residence located in the renovated convent of the Most Holy Redeemer Parish in San Francisco's Castro district. The beautiful deck and multiple indoor common areas adorned with stained glass and original art are the result of the dedicated and loving work of the community. During 1985-86, volunteers contributed thousands of hours to the development, fund-raising and renovation that produced CHH. It opened its doors on March 2, 1987 as part of the Hospice Program of Visiting Nurses and Hospice of San Francisco (VN&H). The facility was remodeled in 1998.

CHH provides personalized 24-hour hospice care to clients with AIDS, cancer or other terminal illness. The focus of care is palliative. IV infusions are not provided. Residents are accommodated in 15 beds, mostly in private rooms. All resident rooms are wheelchair accessible. Meals are served in the dining room or in residents' rooms, and are individualized according to dietary needs. There is cable TV, a VCR, and telephone as well as an extensive on-site video library. Other services include laundry, massage, and volunteer support. No smoking is permitted indoors. Friends and family are welcome and encouraged to participate in care of the residents.

Charges for room and board are \$90 per day. Those unable to afford \$90 per day may negotiate another fee with the Social Worker at Coming Home Hospice. CHH provides a supportive, beautiful and homelike alternative for clients who can no longer remain at home due to progressive illness and need for 24-hour care.

## ELIGIBILITY CRITERIA

Coming Home Hospice is a program of Visiting Nurses and Hospice of San Francisco (VN&H). Only persons who are eligible for admission into VN&H Hospice Program and who meet the following admission criteria will be considered. Persons being followed by another home health agency or hospice program will not be eligible for admission unless complete transfer to VN&H occurs.

- 1. Terminal Illness:** The person must have a diagnosis of AIDS/HIV disease, cancer or other terminal disease. The adult (18 years or above) must be in the terminal phase of his/her illness and have a prognosis of six months or less. The patient and his/her physician must agree that the focus of care is palliative only. The prognosis and focus on palliative care must be confirmed in writing by the primary physician.
- 2. Intravenous Medications:** The person will not have requirements for intravenous therapy.
- 3. Continuous Care:** The person will not have requirements for continuous 24-hour one-to-one supervision. Should this be necessary, the patient will be financially responsible to hire a sitter or family members may provide this.
- 4. Negative TB Status:** The person must have been certified by an M.D. to be non-contagious with pulmonary TB within 3 months of admission.
- 5. Decubitis:** No person may be admitted with a Stage III or greater decubitis ulcer.
- 6. Financial Status:** The resident will be responsible to pay for room and board on a monthly basis. Financial assessment will be completed and reviewed to determine room and board rates.
- 7. Other Family Members:** Family members, such as spouses, lovers, parents, siblings, children, or friends may not live with the patient at Coming Home Hospice.
- 8. Durable Power of Attorney For Finances:** Prior to admission, identification of a durable power of attorney for finances or another responsible party is required to make decisions and to handle pertinent financial matters after admission.
- 9. Durable Power of Attorney for Health Care:** Prior to admission, identification of a Durable Power of Attorney for Health Care or another responsible party is required to make critical medical decisions after admission for the resident if he/she is no longer competent to make such decisions.
- 10. Illegal Substances:** The person may not have or use illegal drugs while a resident at Coming Home Hospice.
- 11. Admission Agreement:** The person, a close family member, Durable Power of Attorney or the identified responsible person must sign the Admission Agreement to Coming Home Hospice.
- 12. A Completed Application** must be submitted to VN&H to establish status on the waiting list.

## POLICIES FOR RESIDENTS AND VISITORS

Our goal is to provide a safe, supportive and homelike setting for the residents. We also endeavor to promote an atmosphere whereby residents, staff and caretakers alike will be treated with dignity and with respect by one another. You can help accomplish these goals by following the protocols outlined below:

### 1. VISITING

- Please respect the privacy of all residents. You are in their home. The person you are visiting is one of a number of people who live here. A person that you are not visiting may be sleeping, so keep noise to a minimum.
- Visitors will be limited to close friends and family. The number of visitors at one time may be limited upon the request of the resident, or at the discretion of the staff. The staff may also use their discretion in requesting that visitors leave if they become disruptive and/or disturb other residents.
- Visitors may not stay on the premises unless the resident they are visiting is on the premises as well.
- Overnight stay requests are generally approved only if a client is approaching death or as a way to help a new patient adjust to the new environment. These requests, and any other exceptions to the "no overnight" policy, are subject to the approval of House Manager or the Team Leader on site.
- Visiting Nurses and Hospice is not liable for the loss of personal effects belonging to visitors. We recommend that personal valuables be maintained in secured areas.
- Visiting Hours are 10:00 a.m. to 9:30 p.m. Other hours can be accommodated as needed. For the safety of all residents, should you wish to visit after 9:30 p.m., please call the nurse on duty to inform her/him of

your arrival.

**2. MEALS**

All meals are prepared by the staff at CHH. Arrangements may be made on occasion for special food needs.

**3. ERRANDS**

Shopping and pickup of medications and other personal items may be carried out by volunteers when they are available to do so.

**4. ALCOHOL AND DRUGS**

Alcohol in moderation as directed by resident's physician is permitted. The residence is illicit drug-free. No drugs of any kind, other than those prescribed by a physician will be allowed in the house. Visitors who do not comply with this policy will be told to leave the house and may not be allowed to make further visits. Abusive use of alcohol or use of illicit drugs by residents may result in eviction from Coming Home Hospice.

All prescribed and over-the-counter medications will be locked up in a separate medication cabinet. The resident will receive medications from the LVN charge nurse on duty.

**5. SAFETY**

Some residents may be experiencing dementia or confusion and/or are on medications affecting motor coordination and awareness. Care must be taken to ensure their safety and the safety of other residents. **No smoking is allowed indoors.** Some residents may also require supervised outdoor smoking. When residents leave the house they must be accompanied by a responsible other person.

**6. LAUNDRY**

While residents are welcome to bring personal linens and towels, both are provided by the facility. Laundry is done on-site by the CHH staff.

**7. KEYS AND LOCKING ROOMS**

Under no circumstances should anyone go into a resident's room when the resident is not on the premises. In the event of a resident's hospitalization or prolonged absence, VN&H staff will only authorize certain individuals (e.g., significant others, family members) to access the resident's room when deemed absolutely necessary. This decision will be done with the resident's express authorization whenever possible. This provision is made for the protection of all residents' belongings in their absence.

Because of personal safety and health care service delivery considerations, residents cannot install their own personal locks on either the outside or the inside of their bedroom doors.

**8. UPON DEATH**

After a resident's death and removal of the body, the resident's room will be closed. No one but the executor, next of kin, or CHH/VN&H nurse or social worker should enter. Only those responsible parties, as designated by the resident, will be permitted to enter the resident's room for the purpose of packing and removing personal belongings.

**9. CONDITIONS FOR DISCHARGE FROM CHH**

- a) Psychiatric emergency
- b) Failure of progression of illness after evaluation of the Hospice team and adhering to the hospice benefit
- c) Behavioral management issues

# Admission Application for Coming Home Hospice

Applicant Name: \_\_\_\_\_

## ADMISSION PROCEDURE CHECKLIST

Please check as completed:

1.  Patient has met all eligibility criteria.
2. The following information **must be complete** in order to place the patient on the waiting list and consider him/her for admission:
  - Formal referral with a doctor's order to start care. Please call the Coming Home Hospice Intake Coordinator at (415) 861-1110.
  - Admission Application (medical history, etc.)
  - Written confirmation of the name, address and phone number of an immediate family member or durable power of attorney for health care, and/or for finances, whenever possible; including a copy of the forms appointing the power(s) of attorney.
  - Adjusted Net Income Worksheet
  - Responsibility for Finances (If the patient can not afford the room & board fee, please contact the social worker at Coming Home Hospice)
  - Written confirmation of a chest x-ray taken within 3 months of admission to CHH that shows no evidence of pulmonary tuberculosis. (A PPD may be acceptable for persons with intact immune systems.) If the person has pulmonary TB, written confirmation of at least 2 weeks of treatment and three consecutive negative AFB smears is required.
  - Admission Agreement signed by the patient, a close family member or a Durable Power of Attorney.
  - Medical guidelines for determining prognosis in selected non-cancer diseases.
3. Mail or fax application to:

CHH Intake Coordinator  
Coming Home Hospice  
115 Diamond Street  
San Francisco, CA 94114

FAX (415) 861-5763

## FINANCIAL INFORMATION/ASSESSMENT

### Residence Charges:

Each hospice resident has a double fee structure.

- A. All residents will be charged a fee payable directly to Coming Home Hospice which includes rent, meals and certain support services. The resident or his/her designated responsible other is responsible to pay charges every month. Generally, third party payer sources (insurance) do not reimburse for the above charges.
- B. Medical services provided by the hospice team at Visiting Nurses and Hospice of San Francisco and costs for medications and equipment and other services will be charged to the resident's third party payer source. The resident is responsible for the portion of the bill that the third party payer source does not pay.

Coming Home Hospice (VN&H): Room and Board charges are \$90.00 per day. If the resident is unable to pay \$90.00 per day, a daily rate must be negotiated with the social worker at Coming Home Hospice before admission.

### The Adjusted Net Income Worksheet - Determination of Fees

#### Instructions

Note the following information on the worksheet.

- Income sources, such as supplemental security income, social security, pensions, interest, and dividends.
- Assets: such as checking, savings, stocks and bonds, real estate holdings, life insurance, etc.
- Expenses that will be ongoing once the patient is living at Coming Home Hospice; this excludes housing, utilities, and food costs. Be sure to include ongoing medical expenses, insurance, medical share-of-cost, etc.

ADJUSTED NET INCOME WORKSHEET					
Applicant's Name:			Social Security Number:		
MONTHLY INCOME		ASSETS		MONTHLY EXPENSES*	
SOURCE	AMOUNT	ITEM	AMOUNT	ITEM	AMOUNT
SSI		Savings		Physician	
SSA		Checking		Prescriptions	
State Disability Insurance		Stocks/Bonds		Medical transportation	
Private Disability Insurance		Real Estate**		Health Insurance (include Medi-Cal Share of Cost)	
Retirement/Pension		Dividends		Life Insurance	
Rental Income		Life Insurance		Other (describe)	
Salary		Other		Other	
Other		Other		Other	
Total \$		Total \$		Total \$	

\*\*Does not include family home.

\*Exclude housing, food, utilities, etc.

**RESPONSIBILITY FOR FINANCES**

**Patient Name** \_\_\_\_\_ **MR#** \_\_\_\_\_

The rate for room and board for my stay at Coming Home Hospice is \$ \_\_\_\_\_ per day, starting \_\_\_\_\_.  
Please send all billing for payment of room and board charges for my stay at Coming Home Hospice to \_\_\_\_\_ who is my **(1) next of kin, (2) Durable Power of Attorney**

**for Finance, (3) executor of my estate**

(circle all that are appropriate)

The following information is provided to assist the agency with the billing process.

**Responsible party to send billing to during my stay:**

Name \_\_\_\_\_

Street Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Area Code & Phone \_\_\_\_\_

**Responsible party to send billing to after discharge:**

Name \_\_\_\_\_

Street Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Area Code & Phone \_\_\_\_\_

\_\_\_\_\_  
**(Patient signature or responsible party during stay)**                      **( Date )**

For questions regarding billing, please call (415) 750-4404, and ask for the Hospice Director.



## ADMISSION AGREEMENT

Applicant's Name: \_\_\_\_\_ Social Security#: \_\_\_\_\_

\_\_\_\_\_, I, the above named individual, request admission to Coming Home Hospice checked below and I acknowledge, consent, and agree to the following:

**or**

\_\_\_\_\_, I, the DPOA and/or the member of the immediate family for the above named applicant, request his/her admission to Coming Home Hospice checked below and agree to the following:

(Please check each statement)

- 1. As the resident, I ask that my family/friends respect my choice for palliative care at Coming Home Hospice.
- 2. I understand that the care provided at Coming Home Hospice (CHH) is palliative, not curative, in its goals and techniques; that the program emphasizes the alleviation of physical symptoms, including pain, and the identification and meeting of emotional and spiritual needs which I, the resident and my family/friends may experience related to my illness.
- 3. I understand that medical and professional nursing services are provided by Visiting Nurses and Hospice of San Francisco (VN&H) in consultation with my physician. These services include 24-hour home care aides, medical social workers, regular visits made by registered nurses and 24-hour on-call nurses and physician for emergencies. I understand that admission to Coming Home Hospice is dependent upon admission to VN&H.
- 4. I understand that if my need for medical or nursing care should at any time exceed those services able to be provided by CHH staff or through VN&H, or if my condition should stabilize to the point where hospice services are no longer appropriate, I will be discharged from Coming Home Hospice and transferred to home or another appropriate facility.
- 5. I understand that conditions for discharge from CHH could include: a) a psychiatric emergency, b) failure of progression of illness, and c) behavioral management issues.
- 6. I understand that should I need 24 hour one-to-one supervision, I will need to provide a sitter or can have this service provided by a family member.
- 7. I give consent and approval for notation to be made both on the records of Coming Home Hospice and VN&H regarding the care provided at Coming Home Hospice.
- 8. I give consent and approval for the release of information and appropriate medical records to or from any health care provider or organization involved with my care.
- 9. I understand that I am required prior to admission to be screened by my physician for pulmonary tuberculosis (TB). This is in compliance with recommendations of the San Francisco City & County Department of Public Health. I understand that if the screening should show me to have active TB, I must start on effective medical treatment prior to admission and continue that treatment during my stay.
- 10. I understand that I am requested, prior to admission to Coming Home Hospice, to have and submit a copy of a Durable Power of Attorney for Health Care and a Durable Power of Attorney for Finances.
- 11. Coming Home Hospice has a double-fee structure.
  - A. All residents will be charged a fee payable to Coming Home Hospice which includes rent, meals and certain support services. I understand that it is my responsibility, or that of my designated responsible other, to make payments every month, using my funds, and that

failure to make such payments may result in discharge from Coming Home Hospice. Generally, third party payer sources do not reimburse for the above charges.

- B. Medical services provided by Visiting Nurses and Hospice of San Francisco and costs for medications and equipment and other services will be charged to my third party payer sources or will be billed separately to me. I understand that I am responsible to pay for that portion of the bill that my third-party payer source does not pay.
- 12. I understand that Coming Home Hospice may include both private and semi-private rooms and that assignment will be based on need and availability. I agree to being assigned or transferred to other rooms as necessary. Fees are the same for private and semi-private rooms.
- 13. I understand that smoking is not permitted inside Coming Home Hospice. Outside areas are provided for this purpose.
- 14. I understand that I may drink alcohol in moderation as directed by my physician and that abuse of alcohol or disruptive behavior may result in discharge from Coming Home Hospice.
- 15. I understand that I am not permitted to keep or use weapons and/or illegal drugs of any kind at Coming Home Hospice.
- 16. I understand that visitors may be limited at any time at my request, and that visitors will be asked to leave at any time if they become disruptive and/or disturb other residents.
- 17. I understand that I may voice my concerns regarding the care provided at Coming Home Hospice in writing to the Manager of Coming Home Hospice and/or the Director of Hospice.
- 18. I understand that my home address will become the address of Coming Home Hospice in which I live. I hereby authorize services to be provided to me at CHH and accept full responsibility for payment of such services.

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My signature acknowledges that I understand all of the above and that I have been given ample opportunity to ask any and all questions concerning Coming Home Hospice, the care provided, related charges, and complaint procedures.

**Applicant**

**DPOA/Immediate Family Member**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date