Best practices for adult Hospices willing to provide care for Children

**Hospital/ Health care system role**

Hospital/ Health care system will facilitate transfer of care to the receiving hospice · Offer introductory education and training to empower and support the independence of the hospice staff online.

In collaboration with receiving hospice, the referring system will provide a comprehensive interdisciplinary assessment and plan of care This would include pain and symptom management, PRN mediation titrations, goals of care, Code status, end of life plan, preferred location of death

The referring system will empower the hospice team with recommendations on medications, communication, or on-line resources

The referring system may or may not have ability to follow up with families for clinic or Telehealth visits in collaboration with receiving hospice and billed to Medical assistance and some other payors

**Receiving Hospice’s role**

Provide all cares for the child and family as they do for adults, including visits by all hospice team members as the family allows, including bereavement care.

The receiving hospice has primary responsibility for all patient and family related care including 24/7 support.

Follow federal guidelines for children on medical assistance needing hospice care as an additional not a replacement to other healthcare benefits.

For Pediatrics (under 21 yrs.), life prolonging interventions, medications, nutrition and durable medical equipment are commonly covered by medical assistance not by the hospice per diem. For clarification or questions, please contact:

MN DHS the Provider Help Desk at:(651) 431-2700 or (800) 366-5411

More information and resources available for care of a child needing hospice care and their family is available from

National Hospice and Palliative Care Organization Tips\_for\_Adult\_Providers.pdf