



# ACHC STANDARDS

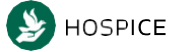
PROGRAM

**Hospice**

SERVICES

Hospice Care Services, Hospice Inpatient Care Services

# ACHC ACCREDITATION STANDARDS



The following packet contains the 2022 ACHC Hospice Accreditation Standards.

Release Date: February 1, 2022

Accreditation Commission for Health Care (ACHC) has updated Home Health Accreditation Standards to incorporate regulatory changes by the Centers for Medicare & Medicaid Services (CMS), including CMS COVID-19 vaccination requirements for certain personnel at organizations that participate in Medicare and Medicaid programs.

New or revised ACHC Hospice Accreditation Standards are HSP4-2K, HSP4-7C, and HSP4-13B. Effective dates vary, in accordance with CMS guidance. Please visit Customer Central for more information.

ACHC is committed to providing healthcare organizations with comprehensive standards that facilitate the highest level of performance. To ensure each standard is clear, concise, and relevant, ACHC conducts annual reviews by compiling feedback from providers, industry consultants, and regulatory bodies.

Based on the annual review, ACHC has made the following changes:

- No standards were updated during ACHC's annual review.

The following Distinctions are offered to providers accredited for Hospice services:

- Palliative Care
- Telehealth

The attached accreditation packet contains:

- Preliminary Evidence Report (PER) Checklist (if applying for ACHC accreditation for the first time)
- ACHC Accreditation Standards for Hospice
- Items Needed for Survey
- Glossary of Terms
- Glossary of Personnel Qualifications
- Preamble for Hospice Service

# PRELIMINARY EVIDENCE REPORT CHECKLIST



FOR PROVIDERS.  
BY PROVIDERS.



This checklist constitutes the requirements of the Preliminary Evidence Report (PER), which is mandatory for organizations applying for initial Hospice accreditation.

Review and acknowledge that all of the following requirements have been met and submit this signed checklist with the required items listed below.

## Verification of the following is required for organizations seeking an initial Medicare Provider Number:

- Organization has completed the CMS-855 application and received written confirmation the application has been "processed" and "the application is being forwarded with a recommendation to the state and CMS Regional Office"
  - **Submit a copy of the letter from CMS or the Medicare Administrative Contractor (MAC) to your Account Advisor. This is applicable for companies seeking an initial Medicare Provider Number.**
  - **Please follow up with your MAC if the approval letter is greater than 6 months. . It is the responsibility of the agency to make sure your 855a is still active. It is the responsibility of the agency to report any changes that would affect the status of your 855a to your MAC and/or CMS.**
- The organization must have provided care to a minimum of 5 patients (not required to be Medicare patients).
  - At least 3 of the required 5 patients should be receiving care at the time of the Initial Medicare Certification Survey.
  - If the hospice is located in a medically underserved area, as determined by the CMS Regional Office (RO), please call ACHC for further guidance.
- The organization can demonstrate they are able to provide all services needed by patients being served and is able to demonstrate operational capacity of all facets of the organization. The hospice is fully prepared to provide all services necessary to meet the hospice Conditions of Participation (CoPs).
- The organization has a full and current license, NOT PROVISIONAL, in the state it is currently doing business, if applicable.
  - **Please note: not all states require a license therefore this only pertains to organizations that reside in states that require a license.**

## Confirmation of the following (initial in spaces provided):

\_\_\_\_\_ I attest that this organization possesses all policies and procedures as required by the ACHC Accreditation Standards.

\_\_\_\_\_ I acknowledge that this organization was/is/will be in compliance with ACHC Accreditation Standards as of \_\_\_\_\_ date.

Your organization will be placed into scheduling once this document, the Agreement for Accreditation Services and Business Associate Agreement are submitted to your Account Advisor and payments are up-to-date. ACHC will strive to conduct your survey as soon as possible.

**\*\*PLEASE NOTE: YOUR ORGANIZATION MUST ALWAYS BE IN COMPLIANCE WITH MEDICARE REGULATIONS, CONDITIONS OF PARTICIPATION, AND APPROPRIATE STATE REGULATIONS.**

I, having the authority to represent this organization, verify that \_\_\_\_\_ (organization's legal name) has met the above requirements for survey. If this organization fails to meet any of the aforementioned requirements when the ACHC Surveyor arrives for your survey, the survey performed by ACHC will not be accepted as a legitimate Initial Medicare Certification Survey by CMS. This will result in additional charges to the organization for a subsequent survey to be performed when the organization has notified ACHC it has met all of the above requirements.

\_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Title)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature)

# ACHC ACCREDITATION STANDARDS

Customized for Hospice Care Services, Hospice Inpatient Care Services

## Section 1: ORGANIZATION AND ADMINISTRATION

The standards in this section apply to the leadership and organizational structure of the organization. All items referring to business licensure, including federal, state, and local licenses that affect the day-to-day operations of the organization, should be addressed. This section includes information on the organization's leadership structure, including board of directors, advisory committees, management, and employees. Also included is information about leadership responsibilities, conflicts of interest, chain of command, program goals, and regulatory compliance.

### Standard HSP1-1A: The hospice is in compliance with federal, state and local Laws. (418.116) (L797) (L798)

The hospice and its personnel must operate and furnish services in compliance with all applicable federal, state, and local laws and regulations related to the health and safety of patients. If state or applicable local law provides for the licensure of hospices, the hospice must be licensed.

The hospice has a physical location and all required license(s) and/or permit(s) are current and posted in a prominent location accessible to public view in all locations/branches and/or in accordance with appropriate regulations or law.

The hospice is an established entity with legal authority to operate and has the appropriate Articles of Incorporation, or other documentation of legal authority. Legal authority is granted to one individual, members of a limited liability corporation, a board of directors, or a board of health (usually referred to as the governing body), and as allowed in state statutes for the appropriate type and structure of the hospice. The entity, individual or hospice has a copy of the appropriate documentation or authorization(s) to conduct business.

Evidence: Copy of Articles of Incorporation/Bylaws and all applicable amendments

Evidence: Copy of All Current Applicable License(s)/Permit(s) for each location

**For Medicare-certified Hospices: The Hospice must comply with CFR 418.116. See the Medicare Conditions of Participation for the full text of the regulation.**

Services applicable: HIC, HSP

### Standard HSP1-1A.01: The HSP is in compliance with all applicable federal, state, and local laws and regulations.

The standard requires compliance with all laws and regulations including, but not limited to:

- Local and state licensure
- The Americans with Disabilities Act
- Equal Employment Opportunities Act
- Fair Labor Standards Act
- Title VI of the Civil Rights Act of 1964
- Occupational Safety and Health Administration (OSHA)
- Medicare regulations
- Medicaid regulations
- Health Insurance Portability and Accountability Act (HIPAA)
- US Food and Drug Administration (FDA), if applicable
- Drug Enforcement Administration (DEA), if applicable
- Hospice's policies and procedures
- ACHC Accreditation Process
- Other laws and regulations as applicable to the care/service provided by the hospice

Copies of all required federal and state posters are placed in a prominent location for easy viewing by personnel.

Evidence: Written Policies and Procedures

Evidence: Copies of Required Posters in a Prominent Location

Evidence: Observation

Evidence: Patient Records

Evidence: Personnel Files

Services applicable: HIC, HSP

**Standard HSP1-1B: Written policies and procedures are established and implemented by the hospice in regard to disclosure of ownership and management information as required in 420.206 of 42 CFR Part 420, Subpart C and action required for a request of information. (418.116(a)) (L799)**

Written policies and procedures are established and implemented by the HSP regarding the action required and time frames for a change in ownership, governing body, or management.

The hospice must disclose the following information to the State Survey Agency at the time of the hospice's initial request for certification, for each survey, and at the time of any change in ownership or management:

1. The name and address of all persons with an ownership or control interest in the hospice as defined in 420.206 of 42 CFR Part 420, Subpart C.
2. The name and address of each person who is an officer, a director, an agent or a managing employee of the hospice as defined in 420.206 of 42 CFR Part 420, Subpart C.
3. The name and business address of the corporation, association, or other company that is responsible for the management of the hospice and the name and address of the chief executive officer and the chairman of the Board of Directors of that corporation, association, or other company responsible for the management of the hospice.

A disclosing entity must furnish updated information to CMS, state agencies, and ACHC at intervals between recertification, re-enrollment, or contract renewals, within 30 days of a written request or change in authority, ownership, or management.

Evidence: Organizational Chart

Evidence: Response to Interviews

Evidence: Observation

Evidence: Current 855A

Evidence: Written Policies and Procedures

**For Medicare-certified Hospices: The Hospice must comply with CFR 418.116(a). See the Medicare Conditions of Participation for the full text of the regulation.**

Services applicable: HIC, HSP

---

**Standard HSP1-2A: The hospice's primary goal is the servicing of the hospice patient and family. Care/services must be provided in a manner consistent with accepted standards of practice. (418.62(b)) (L585) (418.64) (L588) (418.70) (L601) (L602) ) (418.72) (L604) (418.100(a)) (418.100(a)(1-2)) (L650) (418.100(c)(1)(i-viii)) (L652)**

The hospice must provide care directly or under contract that optimizes comfort and dignity of the patient and is consistent with patient/family needs and goals. Patient needs and goals are a priority.

The hospice is in compliance with accepted professional standards and principles for all core and non-core services.

The hospice must be primarily engaged in providing the following care and services:

- Nursing services
- Medical social services
- Physician services
- Counseling services, including spiritual counseling, dietary counseling, and bereavement counseling
- Hospice aide, volunteer, homemaker services
- Physical therapy, occupational therapy, speech-language pathology services
- Short-term inpatient care
- Medical supplies (including drugs and biologicals) and medical appliance

Evidence: Observation

**For Medicare-certified Hospices: The Hospice must comply with CFR 418.100(a), 418.100(a)(1), 418.100(a)(2), 418.100(c)(1)(i), 418.100(c)(1)(ii), 418.100(c)(1)(iii), 418.100(c)(1)(iv), 418.100(c)(1)(v), 418.100(c)(1)(vi), 418.100(c)(1)(vii), 418.100(c)(1)(viii), 418.62(b), 418.64, 418.70 and 418.72. See the Medicare Conditions of Participation for the full text of the regulation.**

Services applicable: HIC, HSP

---

**Standard HSP1-2B: The hospice is directed by a governing body which assumes full legal authority and responsibility for the operation of the hospice. The hospice must organize, manage, and administer its resources to provide the hospice care and services to patients, caregivers and families necessary for the palliation and management of the terminal illness and related conditions. The governing body duties and accountabilities are clearly defined. (418.100) (L648) (L649) (418.100**

**(b) (L651)**

A governing body assumes full legal authority and responsibility for the management of the hospice, the provision of all services, its fiscal operations, and the continuous quality assessment and performance improvement that are consistent with acceptable standards of practice. Activities of the governing body include, but are not limited to:

- Decision making
- Appointing a qualified administrator
- Arranging for professional advice
- Adopting and periodically reviewing written bylaws or equivalent
- Establishing or approving written policies and procedures governing operations
- Human resource management
- Quality Assessment/ Performance Improvement
- Community needs planning, if applicable
- Oversight of the management and fiscal affairs of the hospice
- Annual review of the policies and procedures

Although many governing bodies delegate authority for some of these functions to individual personnel members or to an advisory committee, the ultimate responsibility continues to rest with the governing body. In situations where the board of directors serves as the governing body for a large, multi-service organization, board activities will address the overall organization; however, oversight of the hospice's program is evidenced in some manner such as in reports to the board or documented in minutes of board meetings.

Evidence: Written Policies and Procedures

Evidence: Governing Body Meeting Minutes

Evidence: Response to Interviews

**For Medicare-certified Hospices: The Hospice must comply with CFR 418.100 and 418.100(b). See the Medicare Conditions of Participation for the full text of the regulation.**

Services applicable: HIC, HSP

---

**Standard HSP1-2B.03: Governing body members receive an orientation to their responsibilities and accountabilities.**

There is evidence that the governing body members received an orientation to their responsibilities and accountabilities as defined by the hospice. Governing body members are provided the opportunity to evaluate the orientation process.

Orientation includes, but is not limited to:

- Organizational structure
- Confidentiality practices and signing of a confidentiality agreement
- Overview of programs and initiatives
- Hospice philosophy of care/service
- Personnel and patient grievance policies and procedures
- Responsibilities of the Quality Assessment/Performance Improvement Program
- Organizational ethics
- Conflict of Interest

The HSP has a list of governing body members that includes name, address and telephone number.

Evidence: Orientation Records

Evidence: Response to Interviews

Evidence: Confidentiality Agreements

Evidence: List of Governing Body Members

Services applicable: HIC, HSP

---

**Standard HSP1-3A.01: Written policies and procedures are established and implemented by the hospice in regard to conflicts of interest and the procedure for disclosure.**

The hospice's policies and procedures define conflicts of interest and the procedure for disclosure and conduct in relationships with personnel, customers, and patients. The policies and procedures include the required conduct of any affiliate or representative of the following:

- Governing body
- Personnel having an outside interest in an entity providing services to the hospice
- Personnel having an outside interest in an entity providing services to patient

In the event of proceedings that require input, voting, or decisions, the individual(s) with a conflict of interest are excluded from the activity.

Governing board members and personnel demonstrate understanding of conflict of interest policies and procedures.

Evidence: Written Policies and Procedures

Evidence: Response to Interviews

Services applicable: HIC, HSP

---

**Standard HSP1-4A: There is an individual who is designated as responsible for the overall operation and services of the hospice. A qualified administrator is appointed by and reports to the governing body. The administrator must be a hospice employee and possess education and experience required by the hospice's governing body. The administrator organizes and directs the hospice's ongoing day to day operations; maintains ongoing liaison among the governing body/owner and personnel; employs qualified personnel and ensures adequate personnel education and evaluations; ensures the accuracy of public information materials and activities; and implements an effective budgeting and accounting system. (418.100(b)) (L651)**

For Medicare-certified hospices, the administrator is a hospice employee and possesses education and experience required by the hospice's governing body.

The Administrator is responsible for all programs and services and is accountable to the governing body. There is a job description that specifies the responsibilities and authority of this individual.

The resume/application of the current administrator verifies that the individual who holds this position possesses the appropriate education and experience requirements as defined by the governing board/owner and any applicable state and federal laws and regulations.

Evidence: Job Description

Evidence: Administrator Resume/Application

Evidence: Observation

Evidence: Personnel Files

**For Medicare-certified Hospices: The Hospice must comply with CFR 418.100(b). See the Medicare Conditions of Participation for the full text of the regulation.**

Services applicable: HIC, HSP

---

**Standard HSP1-4B: An individual is appointed to assume the role of the Administrator during temporary absences and/or vacancies. (418.100(b)) (L651)**

A qualified person is authorized in writing to act in the absence of the Administrator. The duties that the individual assumes during the absence of the Administrator are written into the job description and included in the orientation of this individual.

Evidence: Job Description

Evidence: Alternate Administrator Resume

**For Medicare-certified Hospices: The Hospice must comply with CFR 418.100(b). See the Medicare Conditions of Participation for the full text of the regulation.**

Services applicable: HIC, HSP

---

**Standard HSP1-4B.01: The governing body, or its designees, writes and conducts annual evaluations of the Administrator.**

The hospice conducts annual reviews of the Administrator's performance. The governing body may delegate the evaluation function to a specific person or entity such as an advisory or personnel committee. The evaluation is reviewed with the Administrator and documented.

This criterion does not apply to sole proprietorships or to limited liability corporations (LLC), where the president and Administrator are the governing body. A proprietary hospice's annual outcome evaluation could serve as an evaluation of the Administrator's performance.

This criterion is not applicable if the hospice has been in operation less than one year at the time of accreditation survey.

Evidence: Written and Dated Evaluations of the Administrator or other documentation

Services applicable: HIC, HSP

---

**Standard HSP1-5A.01: Responsibility and accountability for programs are defined. The organizational chart shows the relationship of all positions within the hospice with identifiable lines of authority.**

The services furnished by the hospice, administrative control and lines of authority for the delegation of responsibility down to the patient care level are clearly defined in writing.

The governing body/owner and all positions are identified on the organizational chart. The organizational chart shows the position responsible for each program or service the hospice provides.

Evidence: Organizational Chart

Services applicable: HIC, HSP

---

**Standard HSP1-6A: Written policies and procedures are established and implemented that specify the responsibilities and authority of the individual designated as the person responsible for direction, coordination, and overall supervision of each type of service provided by the hospice either directly or by contract. This person, or a similarly qualified alternate, is available at all times during operating hours and participates in all activities relevant to the professional services furnished. (418.62) (L583) (418.62(a)) (L584)**

All licensed professional services provided directly or under arrangement are authorized, delivered, and supervised only by health care professionals who meet the appropriate qualifications specified in 42 CFR 418.114 and who practice under the hospice's policies and procedures.

The Registered Nurse in charge of the hospice nursing services has a minimum of 2 years of hospice/home care experience and at least one year of supervisory experience. State regulations may dictate additional nursing requirements.

The individual may be the supervisor of one or more services and may serve as the administrator.

The person responsible for the direction, coordination, and supervision of services takes steps to ensure:

- The quality of services is maintained
- Staffing of the program is appropriate
- Services are available

There is administrative and clinical supervision of personnel in all care/service areas provided 24 hours per day, 7 days a week.

Evidence: Written Policies and Procedures

Evidence: Observation

Evidence: On Call Schedule

Evidence: Personnel Files

**For Medicare-certified Hospices: The Hospice must comply with CFR 418.62 and 418.62(a). See the Medicare Conditions of Participation for the full text of the regulation.**

Services applicable: HIC, HSP

---

**Standard HSP1-7A.01: The hospice informs the accrediting body and other state/federal regulatory agencies, as appropriate, of negative outcomes from sanctions, regulatory inspection and/or audits.**

Negative outcomes affecting accreditation, licensure, or Medicare/Medicaid certification are reported to ACHC within 30 days. The report includes all actions taken and plans of correction.

Incidents that must be reported to ACHC include, but are not limited to:

- License suspension(s)
- License probation; conditions/restrictions to license(s)
- Non-compliance with Medicare (condition-level deficiency)/Medicaid regulations identified during survey by another state/regulatory body
- Revocation of Medicare/Medicaid/third-party provider number
- Any open investigation by any regulatory or governmental authority
- HSP agrees to a Corporate Integrity Agreement.



Evidence: Board of Director Meeting Minutes  
Evidence: Response to Interviews

Services applicable: HIC, HSP

---

**Standard HSP1-8A: A hospice that uses outside personnel/organization to provide care/services on behalf of the hospice has a written contract/agreement for care/services furnished. The contract/agreement contains all requirements and is kept on file within the hospice. A hospice that has a written agreement with another agency, individual, or hospice to furnish any services under arrangement must retain administrative and financial management, and oversight of staff and services for all arranged services, to ensure the provision of quality care.(418.100(e)) (418.100(e)(1-3)) (L655)**

Arranged care/services are supported by written contract/agreement that requires all care/services are:

- Authorized by the hospice
- Furnished in a safe and effective manner by qualified personnel/organizations
- Delivered in accordance with the patient's plan of care

Hospices that utilize personnel/organizations under hourly or per visit have a written contract/agreement that includes, but is not limited to:

- The care/services to be furnished
- The necessity to conform to all applicable agency policies and procedures, including personnel qualifications, orientation, competencies, and required background checks
- The responsibility for participating in developing plans of care
- The manner in which care/services will be controlled, coordinated, and evaluated by the hospice
- The procedures for submitting clinical and progress notes, scheduling of visits, periodic patient evaluation
- The procedures for payment for care/services furnished under the contract
- Any additional requirements as outlined in the Social Security Act section 1861(w)
- Duration of contract/agreement
- Requirements to meet the Medicare Conditions of Participation
- Overall responsibility for supervision of personnel
- Other applicable laws and regulations
- Liability insurance for individuals providing direct care and hospices providing shared responsibility of patient care

The hospice has an established process to review and renew contracts/agreements as required in the contract. A mechanism to indicate that the review/renewal has been accomplished may be evidenced by either a notation of the review dates on the initial contract/agreement, a log/review form, or development of an updated contract/agreement.

Evidence: Written Contracts/Agreements  
Evidence: Observation

**For Medicare-certified Hospices: The Hospice must comply with CFR 418.100(e), 418.100(e)(1), 418.100(e)(2) and 418.100(e)(3). See the Medicare Conditions of Participation for the full text of the regulation.**

Services applicable: HIC, HSP

---

**Standard HSP1-8A.01: The hospice monitors all care/service provided under contracts/agreements to ensure that care/service are delivered in accordance with the terms of the contract/agreement.**

The hospice has implemented a process for monitoring all care/service provided under a contract/agreement. The process includes, but is not limited to:

- Satisfaction surveys
- Record reviews
- On-site observations and visits
- Patient comments and other Performance Improvement activities
- Hospice CAHPS survey

Data and outcomes from monitoring activities are reported to the hospice's leadership to ensure the overall quality of the care provided to the patient.

Evidence: Performance Improvement Activities  
Evidence: Governing Body Meeting Minutes

Services applicable: HIC, HSP

---

**Standard HSP1-8B: Hospice inpatient care provided under agreement is provided in accordance with a written contract/ agreement and in accordance with federal regulations. (418.108(c)) (418.108(c)(1)) (L711) (418.108(c)(2)) (L712) (418.108(c)(3)) (L713) (418.108(c)(4)) (L714) (418.108(c)(5)) (L715) (418.108(c)(6)) (L716)**

If the hospice has an arrangement with a facility to provide short-term inpatient care, the arrangement is described in a written agreement, coordinated by the hospice and at a minimum specifies:

- That the hospice supplies the inpatient provider with a copy of the patient's plan of care and specifies the inpatient services to be furnished
- That the inpatient provider has established patient care policies consistent with those of the hospice and agrees to abide by the palliative care protocols and plan of care established by the hospice for its patients
- That the hospice patient's inpatient clinical record includes a record of all inpatient services furnished and events regarding care that occurred at the facility; that a copy of the discharge summary be provided to the hospice at the time of discharge; and that a copy of the inpatient clinical record is available to the hospice at the time of discharge
- That the inpatient facility has identified an individual within the facility who is responsible for the implementation of the provisions of the agreement
- That the hospice retains responsibility for ensuring that the training of personnel who will be providing the patient's care in the inpatient facility has been provided and that a description of the training and the names of those giving the training are documented
- A method for verifying that the above requirements are met

Evidence: Written contract/agreements with Inpatient Facilities

**For Medicare-certified Hospices: The Hospice must comply with CFR 418.108(c), 418.108(c)(1), 418.108(c)(2), 418.108(c)(3), 418.108(c)(4), 418.108(c)(5) and 418.108(c)(6). See the Medicare Conditions of Participation for the full text of the regulation.**

Services applicable: HSP

---

**Standard HSP1-8C: Hospices that provide hospice care to residents of an SNF (Skilled Nursing Facility)/NF (Nursing Facility) or ICF/IID (Intermediate Care Facility for Individuals with Intellectual Disabilities) have a written contract/agreement that specifies the provision of hospice services. (418.112(c)) (L763) (418.112(c)(1)) (L764) (418.112(c)(2)) (L765) (418.112(c)(3)) (L766) (418.112(c)(4)) (L767) (418.112(c)(5)) (L768) (418.112(c)(6)) (L769) (418.112(c)(7)) (L770) (418.112(c)(8)) (L771) (418.112(c)(9)) (L772)**

The hospice and SNF/NF or ICF/IID must have a contract that specifies the provision of hospice services in the facility. The contract is signed by authorized representatives of the hospice and the SNF/NF or ICF/IID before the provision of hospice services.

The contract includes, but is not limited to:

- The manner in which SNF/NF or ICF/IID and the hospice are to communicate with each other and document such communications to ensure that the needs of patients are addressed and met 24 hours a day
- A provision that the SNF/NF or ICF/IID immediately notifies the hospice if:
  - A significant change in a patient's physical, mental, social or emotional status occurs
  - Clinical complications appear that suggest a need to alter the plan of care
  - When a need to transfer a patient from the SNF/NF or ICF/IID arises, and the hospice makes arrangements for, and remains responsible for, any necessary continuous care or inpatient care necessary related to the terminal illness and related conditions
  - A patient dies
- A provision stating that the hospice assumes responsibility for determining the appropriate course of hospice care, including the determination to change the level of services provided
- An agreement that it is the SNF/NF's or ICF/IID's responsibility to continue to furnish 24 hour room and board care, meeting the personal care and nursing needs at the same level of care that would have been provided by the family at the facility before hospice care was elected
- An agreement that it is the hospice's responsibility to provide services at the same level and to the same extent as those services would be provided if the SNF/NF or ICF/IID resident were in his or her own home
- A delineation of the hospice's responsibilities, which include, but are not limited to the following: providing medical direction and management of the patient; nursing; counseling (including spiritual, dietary and bereavement); social work; provision of medical supplies, durable medical equipment and drugs necessary for the palliation of pain and symptoms associated with the terminal illness and related conditions; and all other hospice services that are necessary for the care of the resident's terminal illness and related conditions
- A provision that the hospice may use the SNF/NF or ICF/IID nursing personnel where permitted by state law and as specified by the SNF/NF or ICF/IID to assist in the administration of prescribed therapies included in the plan of care only to the extent that the hospice would routinely use the services of a hospice patient's family in implementing the plan of care
- A provision stating that the hospice reports all alleged violations involving mistreatment, neglect, or verbal, mental, sexual,

- and physical abuse, including injuries of unknown source, and misappropriation of patient property by anyone unrelated to the hospice to the SNF/NF or ICF/IID administrator within 24 hours of the hospice becoming aware of the alleged violation
- A delineation of the responsibilities of the hospice and the SNF/NF or ICF/IID to provide bereavement services to SNF/NF or ICF/IID personnel
  - The contract between the hospice and the facility outlines the facility personnel's responsibilities for management of crisis situations (e.g., natural disasters, facility evacuation, fire) and temporary emergencies (e.g., power disruption).

Evidence: Written Contracts and/or Agreements

**For Medicare-certified Hospices: The Hospice must comply with CFR 418.112(c), 418.112(c)(1), 418.112(c)(2), 418.112(c)(3), 418.112(c)(4), 418.112(c)(5), 418.112(c)(6), 418.112(c)(7), 418.112(c)(8) and 418.112(c)(9). See the Medicare Conditions of Participation for the full text of the regulation.**

Services applicable: HSP

---

**Standard HSP1-9A: If the hospice engages in laboratory testing other than assisting a patient in self-administering a test with an appliance that has been cleared for that purpose by the FDA, such testing must be in compliance with all applicable requirements of 42 CFR 493(Laboratory Requirements). (418.116(b)) (418.116(b)(1)) (L800) (418.116(b)(2)) (L801)**

The hospice follows procedures for waived tests under the Clinical Laboratory Improvement Amendment (CLIA) and state regulations when personnel perform waived tests. The hospice obtains and maintains a current certificate of waiver from the Department of Health and Human Services. If the hospice chooses to refer specimens for laboratory testing to a reference laboratory, the reference laboratory must be certified in the appropriate specialties and subspecialties of services in accordance with the applicable requirements of 42 CFR 493.

Examples of several waived tests are:

- Dipstick/tablet reagent urinalysis
- Blood glucose by glucose monitoring devices cleared by the Food and Drug Administration (FDA) specifically for home use
- Some prothrombin time tests
- Some glycosylated hemoglobin tests

Assisting individuals in administering their own tests, such as fingerstick blood glucose or prothrombin testing, is not considered testing subject to the CLIA regulations. However, if the hospice staff is actually responsible for measuring the blood glucose level or prothrombin times of patients with an FDA approved blood glucose or prothrombin time monitor and no other tests are being performed the agency must have evidence of a CLIA waiver.

Evidence: Current Certificate of Waiver

**For Medicare-certified Hospices: The Hospice must comply with CFR 418.116(b), 418.116(b)(1) and 418.116(b)(2). See the Medicare Conditions of Participation for the full text of the regulation.**

Services applicable: HIC, HSP

---

**Standard HSP1-10A: The hospice must obtain drugs and biologicals from community or institutional pharmacists or stock drugs and biologicals itself. The dispensing and administration of drugs and biologicals are provided in accordance with applicable law and regulations. Only persons who are appropriately licensed or trained may administer medications. (418.106(d)) (418.106(d)(1)) (L692)**

Pharmaceutical services are provided in accordance with accepted professional standards and with local, state and federal laws. These services are available on a 24-hour basis. The interdisciplinary group, as part of the review of the plan of care, must determine the ability of the patient and/or family to safely self-administer drugs and biologicals to the patient in his or her home. If the patient and/or family are not capable of safely administering drugs and biologicals in the home, the hospice must address this issue in the patient's plan of care.

Evidence: Written Policies and Procedures

Evidence: Observation

Evidence: Patient Records

**For Medicare-certified Hospices: The Hospice must comply with CFR 418.106(d) and 418.106(d)(1). See the Medicare Conditions of Participation for the full text of the regulation.**

Services applicable: HSP

---

**Standard HSP1-10B: The hospice that provides inpatient care directly in its own facility must obtain drugs and biologicals**

**from community or institutional pharmacists or stock drugs and biologicals itself. The dispensing and administration of drugs and biologicals are provided in accordance with applicable law and regulations. Only persons who are appropriately licensed or trained may administer medications. (418.106(c)) (418.106(c)(1)) (418.106(c)(2)) 418.106(c)(2)(i-ii) (L691) (418.106(d)(2)) (418.106(d)(2)(i-iii)) (L692)**

Inpatient care/services, including pharmaceutical services, are provided in accordance with accepted professional standards and with local, state and federal laws. These services are available on a 24-hour basis. Patients receiving care in a hospice that provides inpatient care directly in its own facility must have medications administered by the following individuals:

- A licensed nurse, physician, or other health care professional in accordance with their scope of practice and state law
- Personnel who have completed a state-approved training program in medication administration
- The patient, upon approval by the interdisciplinary group

Written policies and procedures are established and implemented when a hospice provides inpatient care directly in its own facility, which includes:

- The accurate dispensing and administration of drugs and biologicals
- Ordering, storing, labeling and dispensing of medications
- Supervision of pharmacy services
- Storage of drugs and medications safely, including separate locked compartments for Schedule II drugs
- Disposal of discontinued, outdated or deteriorated medications
- Maintaining current and accurate records of the receipt and disposition of all controlled drugs

Evidence: Written Policies and Procedures

Evidence: Observation

Evidence: Patient Records

Evidence: Response to Interviews

**For Medicare-certified Hospices: The Hospice must comply with CFR 418.106(c), 418.106(c)(1), 418.106(c)(2), 418.106(c)(2)(i), 418.106(c)(2)(ii), 418.106(d)(2), 418.106(d)(2)(i), 418.106(d)(2)(ii) and 418.106(d)(2)(iii). See the Medicare Conditions of Participation for the full text of the regulation.**

Services applicable: HIC

---

**Standard HSP1-11A: All hospice multiple locations must be approved by Medicare and licensed in accordance with state licensure laws, if applicable, before providing Medicare reimbursed services. (418.116(a)) (L799) (418.100(f)) (418.100(f)(1)) (418.100(f)(1)(i)) (L656) (418.100(f)(1)(ii)) (L657) 418.100(f)(1) (iii)) (L658) 418.100(f)(1)(iv)) (L659) (418.100(f)(2)) (L660)**

When an existing provider intends to add an additional location, it notifies CMS, the State Survey Agency (SA) and ACHC in writing of the proposed location if it expects this location to participate in Medicare or Medicaid. The provider must also submit a CMS Form-855A change of information request (including all supporting documentation) to its Medicare Administrative Contractor (MAC) before CMS approval can be granted. The provider must obtain CMS approval of the new location before it is permitted to bill Medicare for services provided from the new location. The provider must also follow the ACHC Branch Addition process.

A provider may not bill Medicare for services provided from an additional location until the new site or location has been approved by CMS and ACHC. The fact that a national accreditation organization with deeming authority has approved a new site or location will not affect the CMS decision. CMS determination will be based on its independent application of its regulations to the facts in the case. Services provided before the effective date of approval should not be billed to Medicare.

The additional location(s) must be part of the hospice and must share administration, supervision, and services with the hospice issued the certification number. The lines of authority, professional and administrative control must be clearly delineated in the provider's organizational structure and in practice, and must be traced to the location issued the certification number. The determination that a multiple location does or does not meet the definition of a multiple location, as set forth in 42 CFR 418.100(f)(1), is an initial determination, as set forth in 42 CFR 498.3.

The provider must continually monitor and manage all services provided at all of its locations to ensure that services are delivered in a safe and effective manner and to ensure that each patient and family receives the necessary care and services outlined in the plan of care.

If the provider does operate at multiple locations, a deficiency found at any location will result in a compliance issue for the entire hospice.

CMS will not approve a hospice's inpatient facility or a change of location for a hospice's own inpatient facility without a survey to ensure that the facility meets all requirements specified at 42 CFR 418.110.

Evidence: CMS approval letter

Evidence: Observation

**For Medicare-certified Hospices: The Hospice must comply with CFR 418.100(f), 418.100(f)(1), 418.100(f)(1)(i), 418.100(f)(1)(ii), 418.100(f)(1)(iii), 418.100(f)(1)(iv), 418.100(f)(2) and 418.116(a). See the Medicare Conditions of Participation for the full text of the regulation.**

Services applicable: HSP

---

**Standard HSP1-12A: Written policies and procedures are established and implemented in regard to the verification of licensure of the prescribing physician or others approved by law to prescribe medical services, treatments, and/or pharmaceuticals are conducted prior to providing care/service. (418.114(b)(1)(L785)**

Physicians meet the qualifications as defined in ACHC Glossary of Personnel Qualifications. Written policies and procedures describe the process for verification of physician credentials. Ongoing periodic assessments of current physician licensure are obtained from the state licensing Board of Medicine. The hospice has a mechanism to ensure that orders are only accepted from currently licensed physicians.

Evidence: Written Policies and Procedures

Evidence: Observation

**For Medicare-certified Hospices: The Hospice must comply with CFR 418.114(b)(1). See the Medicare Conditions of Participation for the full text of the regulation.**

Services applicable: HIC, HSP

## Section 2: PROGRAM/SERVICE OPERATIONS

The standards in this section apply to the specific programs and services an organization is supplying. This section addresses rights and responsibilities, complaints, incidents, Protected Health Information (PHI), cultural diversity, and compliance with laws to prevent fraud and abuse.

---

### **Standard HSP2-1A: Written policies and procedures are established and implemented in regard to the hospice's description of care/services and its distribution to personnel, patients, and the community. (418.52(c)(7)) (L518) (418.52(c)(8)) (L519)**

Written policies and procedures include, but are not limited to:

- Types of care/service available
- Care/service limitations
- Charges or patient responsibility for care/service
- Eligibility criteria
- Hours of operation, including on call availability
- Contact information and referral procedures

Written descriptions of care/services with detailed information are available. The contact information and referral process is included in the description of care/services. Marketing and instructional materials use lay language and provide a more general description of care/services offered.

Patients will receive information about the services covered under the hospice benefit and the scope of services that the hospice will provide and specific limitations on those services. The patient and/or family will receive this information prior to receiving care/service with evidence documented in the patient record.

Evidence: Written Policies and Procedures

Evidence: Marketing Materials including Electronic Media

Evidence: Documents that include Care/Service Descriptions

Evidence: Patient Records

Evidence: Observation

**For Medicare-certified Hospices: The Hospice must comply with CFR 418.52(c)(7) and 418.52(c)(8). See the Medicare Conditions of Participation for the full text of the regulation.**

Services applicable: HIC, HSP

---

### **Standard HSP2-2A: Written policies and procedures are established and implemented by the hospice in regard to the creation and distribution of the Patient Rights and Responsibilities statement. (418.52) (L500) (L501) (418.52(a)) (418.52(a)(1)) (L502) (418.52(a)(3)) (L504) (418.52(b)) (418.52(b)(2)) (L506) (418.52(b)(3)) (L507) (Standard HSP2-2A is in regard to the creation and distribution of the statement of the Patient Rights and Responsibilities and the standard reference next the right is the standard that demonstrates the implementation of the right.)**

Written policies and procedures outline the Patient Rights and Responsibilities. The policies and procedures requires that during the initial assessment visit in advance of furnishing care the hospice must provide the patient and/or family with verbal (meaning spoken) and written notice of the Patient Rights and Responsibilities in a language and manner that the patient understands. For a minor or a patient needing assistance in understanding these rights and responsibilities, both the patient and the parent, legal guardian, or other responsible person are fully informed of these rights and responsibilities.

The written statement of Patient Rights and Responsibilities includes, but is not limited to the right to:

- To exercise one's rights as a patient of the hospice (HSP2-2B)
- Receive information about the services covered under the Medicare hospice benefit (HSP2-1A)
- Receive information about the scope of services that the hospice will provide and specific limitations on those services (HSP2-1A)
- Be fully informed in advance about care/service to be provided, including the disciplines that furnish care and the frequency of visits, as well as any modifications to the plan of care (HSP2-1A)
- Be informed in advanced, both orally and in writing, of care being provided; of the charges, including payment for care/service expected from third parties, and any charges for which the patient will be responsible (HSP3-4A)
- Participate in the development and periodic revision of the plan of care (HSP5-4C)
- Be free from mistreatment, neglect, or verbal, mental, sexual, and physical abuse, including injuries of unknown source, and misappropriation of patient property (HSP2-3A)
- Voice grievances/complaints regarding treatment or care that is (or fails to be) furnished and lack of respect of property by anyone who is furnishing care/service on behalf of the hospice (HSP2-4A)

- Have grievances/complaints regarding treatment or care that is (or fails to be) furnished or lack of respect of property investigated (HSP2-4A)
- Confidentiality and privacy of all information contained in the patient record and of Protected Health Information (HSP2-5A)
- Be advised on agency's policies and procedures regarding the disclosure of clinical records (HSP2-5A)
- Refuse care or treatment after the consequences of refusing care or treatment are fully presented (HSP2-6A)
- Be informed of patient rights under state law to formulate Advance Directives (HSP2-6A)
- Receive effective pain management and symptom control for conditions related to terminal illness(es) (HSP2-14A)
- Have one's property and person treated with respect, consideration, and recognition of patient dignity and individuality (HSP2-2B)
- Be able to identify visiting personnel members through agency generated photo identification (HSP2-2B)
- Recommend changes in policies and procedures, personnel or care/service (HSP2-2B)
- Not be subject to discrimination or reprisal for the exercising of one's rights (HSP2-2B)
- Choose a health care provider, including an attending physician (HSP2-2B)
- Receive appropriate care without discrimination in accordance with physician orders (HSP2-2B)
- Be informed of any financial benefits when referred to a hospice (HSP2-2B)
- Be fully informed of one's responsibilities (HSP2-2B)
- Be informed of anticipated outcomes of care and of any barriers in outcome achievement (HSP2-2B)

Documentation of receipt and understanding of the information is placed in the patient record. This is done prior to care/treatment being provided. This evidence is provided by obtaining signatures of the patient and/or family. A copy of the Patient Rights and Responsibilities is made available to others in the community upon request.

When state or federal regulations exist regarding Patient Rights, the hospice's Patient Rights and Responsibilities statement must include those components. The patient has the right to be informed of these rights. If the patient has been adjudged incompetent under state law by a court of proper jurisdiction, the rights of the patient are exercised by the person appointed to act on the patient's behalf. If a state court has not adjudged a patient incompetent, any legal representative designated by the patient in accordance with state law may exercise the patient's rights to the extent allowed by state law.

Personnel are provided training during orientation and at least annually thereafter concerning the hospice's policies and procedures on the Patient Rights and Responsibilities.

Evidence: Written Policies and Procedures

Evidence: Statement of Patient's Rights and Responsibilities

Evidence: Patient Records

Evidence: Response to Interviews

Evidence: Observation

**For Medicare-certified Hospices: The Hospice must comply with CFR 418.52, 418.52(a), 418.52(a)(1), 418.52(a)(3), 418.52(b), 418.52(b)(2) and 418.52(b)(3). See the Medicare Conditions of Participation for the full text of the regulation.**

Services applicable: HIC, HSP

**Standard HSP2-2B: The hospice protects and promotes the exercise of the patient's rights. (418.52) (L501) (418.52(b)(1)(i-iv)) (L505) (418.52(c)(1)) (L512) (418.52(c)(4)) (L515)**

Personnel honor the patient's right to:

- To exercise his or her rights as a patient of the hospice
- Have one's property and person treated with respect, consideration, and recognition of patient dignity and individuality
- Be able to identify visiting personnel members through agency generated photo identification
- To not be subjected to discrimination or reprisal for exercising his or her rights
- Recommend changes in policies and procedures, personnel or care/service
- Choose a health care provider, including an attending physician
- Receive appropriate care without discrimination in accordance with physician orders
- Be informed of any financial benefits when referred to a hospice
- Be informed of anticipated outcomes of care and of any barriers in outcome achievement
- Be fully informed of one's responsibilities

Evidence: Observation

Evidence: Patient Records

**For Medicare-certified Hospices: The Hospice must comply with CFR 418.52, 418.52(b)(1)(i), 418.52(b)(1)(ii), 418.52(b)(1)(iii), 418.52(b)(1)(iv), 418.52(c)(1) and 418.52(c)(4). See the Medicare Conditions of Participation for the full text of the regulation.**

Services applicable: HIC, HSP

**Standard HSP2-3A: Written policies and procedures are established and implemented by the hospice in regard to the**

**reporting and investigation of all violations involving mistreatment, neglect, or verbal, mental, sexual and physical abuse, including injuries of unknown source, and misappropriation of patient property by anyone furnishing services on behalf of the hospice. (418.52(b)(4)) (418.52(b)(4)(i) (L508) (418.52(b)(4)(ii) (L509) (418.52(b)(4)(iii) (L510) (418.52(b)(4)(iv) (L511) (418.52(c)(6)) (L517)**

The patient has the right to be free of mistreatment; neglect; or verbal, mental, sexual and physical abuse, including injuries of unknown source; and misappropriation of patient property.

The hospice ensures this right and investigates all alleged violations involving mistreatment; neglect; or verbal, mental, sexual and physical abuse, including injuries of unknown source; and misappropriation of patient property by anyone furnishing services on behalf of the hospice. Alleged violations are reported immediately to the Administrator or appropriate designee.

The hospice immediately investigates all alleged violations involving anyone furnishing services on behalf of the hospice and immediately takes action to prevent further potential violations while the alleged violation is being verified. Investigations and/or documentation of all alleged violations are conducted in accordance with established policies and procedures.

The hospice takes appropriate corrective action in accordance with state law if the alleged violation is verified by the hospice's administration or an outside body having jurisdiction, such as ACHC, the state survey agency or local law enforcement agency. The hospice ensures that verified violations are reported to ACHC, state and local bodies having jurisdiction (including to the State survey and certification agency) within 5 working days of becoming aware of the verified violation unless state regulations are more stringent.

Evidence: Written Policies and Procedures

Evidence: Incident Reports/Investigation Results

Evidence: Response to Interviews

Evidence: Observation

**For Medicare-certified Hospices: The Hospice must comply with CFR 418.52(b)(4), 418.52(b)(4)(i), 418.52(b)(4)(ii), 418.52(b)(4)(iii), 418.52(b)(4)(iv) and 418.52(c)(6). See the Medicare Conditions of Participation for the full text of the regulation.**

Services applicable: HIC, HSP

---

**Standard HSP2-4A: Written policies and procedures are established and implemented by the hospice requiring that the patient be informed at the initiation of care/service how to report grievances/complaints. (418.52(b)(1)(iii)) (L505)**

The patient has the right to voice grievances/complaints regarding treatment or care that is (or fails to be) furnished and lack of respect of property by anyone who is furnishing care/service on behalf of the hospice.

The hospice ensures this right and investigates all grievances, complaints, and concerns. Written policies and procedures include, but are not limited to:

- The appropriate person to be notified of the grievance/complaint/concern
- Time frames for investigation activities, to include after hours
- Reporting of information
- Review and evaluation of the collected information
- Communication with the patient/family
- Documentation of all activities involved with the grievance/complaint, investigation, analysis and resolution

The hospice must investigate complaints made by a patient and/or family regarding treatment or care that is (or fails to be) furnished, or regarding the lack of respect for the patient's property by anyone furnishing services on behalf of the hospice, and must document both the existence of the complaint and the resolution of the complaint.

The hospice investigates and attempts to resolve all patient grievances/complaints and document the results within a described time frame as defined in policies and procedures.

The hospice maintains records of grievances/complaints and their outcomes and includes this information in the Quality Assessment and Performance Improvement (QAPI) annual report. A summary of the grievances/complaints will be reported quarterly to the governing body.

Personnel are oriented and familiar with the patient grievance/complaint policies and procedures. Personnel assist in implementing the resolution process when needed.

Evidence: Written Policies and Procedures

Evidence: Grievance/Complaint Logs

Evidence: Governing Body Meeting Minutes

Evidence: Response to Interviews



**For Medicare-certified Hospices: The Hospice must comply with CFR 418.52(b)(1)(ii) and 418.52(b)(1)(iii). See the Medicare Conditions of Participation for the full text of the regulation.**

Services applicable: HIC, HSP

---

**Standard HSP2-4A.01: The hospice provides the patient with written information concerning how to contact the hospice, appropriate state agencies, and ACHC concerning grievances/complaints at time of admission.**

The hospice provides all patients with written information listing a telephone number, contact person, and the hospice's process for receiving, investigating and resolving grievances/complaints about its care/services.

The hospice advises patients in writing of the telephone number of the appropriate state regulatory body's hotline telephone number (s), the hours of operation and that the purpose of the hotline is to receive complaints and questions about local hospices. This may be a separate information sheet given to the patient or incorporated with the Patient Rights information. If the agency is Medicare certified, the patients must also be made aware that they can use the hotline to lodge complaints concerning the implementation of Advance Directives requirements. ACHC's telephone number must be provided. The ACHC phone number requirement is not applicable undergoing their first ACHC survey.

Evidence: Patient Records

Evidence: Observation

Services applicable: HIC, HSP

---

**Standard HSP2-5A: Written policies and procedures are established and implemented by the hospice in regard to the securing and releasing of confidential and Protected Health Information (PHI) and Electronic Protected Health Information (EPHI). (418.52(c)(5)) (L516) (418.104(c)) (L680)**

The patient has the right to a confidential patient record. The hospice ensures this right and follows all policies and procedures to secure patient information.

Confidentiality policies and procedures include, but are not limited to:

- A definition of protected health and confidential information, and the types of information that are covered by the policy, including electronic information, telephone and cell phone communications, and verbal and faxed information
- Persons/positions authorized to release PHI/EPHI and confidential information
- Conditions that warrant its release
- Persons to whom it may be released
- Signature of the patient or someone legally authorized to act on the patient's behalf
- A description of what information the patient is authorizing the organization to disclose
- Securing patient records and identifying who has authority to review or access clinical records
- When records may be released to legal authorities
- The storage and access of records to prevent loss, destruction or tampering of information
- The use of confidentiality/privacy statements and who is required to sign a confidentiality/privacy statement
- The hospice is in compliance with the Department's rules regarding personal health information as set out at 45 CFR parts 160 and 164

The hospice has clearly established written policies and procedures that address the areas listed above which are clearly communicated to personnel.

There is signed confidentiality statement for all personnel and governing body/owner. Personnel and the governing body/owner abide by the confidentiality statement and the hospice's policies and procedures. The hospice designates an individual responsible for seeing that the confidentiality and privacy policies and procedures are adopted and followed.

The individual seeing the patient and/or responsible person for the first time will provide written information and will discuss confidentiality/privacy of patient-specific information as included in the Patient Rights and Responsibilities prior to the receipt of care/services. Patient records contain signed release of information statements/forms when the hospice bills a third-party payor or shares information with others outside the hospice as required by HIPAA and other applicable law and regulations.

Patient records contain documentation of receipt of the hospice's policies and procedures for the securing and releasing of confidential and Protected Health Information (PHI) and Electronic Protected Health Information (EPHI).

Evidence: Written Policies and Procedures

Evidence: Observation

Evidence: Patient Records

Evidence: Signed Confidentiality Agreements

Evidence: Response to Interviews

**For Medicare-certified Hospices: The Hospice must comply with CFR 418.104(c) and 418.52(c)(5). See the Medicare Conditions of Participation for the full text of the regulation.**

Services applicable: HIC, HSP

---

**Standard HSP2-5A.01: The hospice has Business Associate Agreements for all Business Associates that may have access to Protected Health Information as required by HIPAA and other applicable law and regulations.**

A copy of all Business Associate Agreements will be on file at the hospice for all non-covered entities as defined by the Health Insurance Portability and Accountability Act (HIPAA).

Examples of non-covered entities include, but are not limited to:

- A CPA firm whose accounting services to a health care provider involves access to protected health information.
- An attorney whose legal services to a health plan involve access to protected health information.
- A consultant that has access to protected health information.
- An independent medical transcriptionist that provides transcription services to a physician.

A Business Associate Agreement is not required with persons or organizations (e.g., janitorial service or electrician) whose functions or services do not involve the use or disclosure of protected health information, and where any access to protected health information by such persons would be incidental, if at all.

Evidence: Business Associate Agreements

Services applicable: HIC, HSP

---

**Standard HSP2-6A: Written policies and procedures are established and implemented by the hospice in regard to the patient's right to make decisions about medical care, accept or refuse medical care, patient resuscitation, surgical treatment and the right to formulate an Advance Directive. (418.52(a)(2)) (L503) (418.52(c)(3)) (L514)**

Patients has the right to be informed of their rights under state law to formulate Advance Directives and to refuse care or treatment after the consequences of refusing care or treatment are fully presented.

The hospice's policies and procedures describe the patient's rights under law to make decisions regarding medical care, including the right to accept or refuse care/service and the right to formulate an Advance Directive.

Written policies and procedures include, but are not limited to:

- Providing all adult individuals with written information about their right under state law to:
  - Make decisions about their medical care
  - Accept or refuse medical or surgical treatment
  - Formulate, at the individual's option, an Advance Directive
- Informing patients about the hospice's written policies and procedures on implementing Advance Directives
- Documenting in the patient's medical record whether he or she has executed an Advance Directive;
- Not limiting the provision of care or otherwise discriminating against an individual based on whether he or she has executed an Advance Directive
- Ensuring compliance with the related state requirements on Advance Directives
- Providing personnel and community education on issues concerning Advance Directives

Advance Directive information is provided to the patient/family prior to the initiation of care/services. The patient's decision regarding an Advance Directive is documented in the patient record.

The hospice's personnel respect the patient's wishes and assist the patient in completing an Advance Directive, if requested.

Evidence: Written Policies and Procedures

Evidence: Patient Records

Evidence: Response to Interviews

**For Medicare-certified Hospices: The Hospice must comply with CFR 418.52(a)(2) and 418.52(c)(3). See the Medicare Conditions of Participation for the full text of the regulation.**

Services applicable: HIC, HSP

---

**Standard HSP2-6A.01: Written policies and procedures are established and implemented by the hospice in regard to**

## **resuscitative guidelines and the responsibilities of personnel.**

The hospice has written policies and procedures for personnel responsibilities regarding patient resuscitation and the response in the event of a medical emergency. The policies and procedures identify which personnel perform resuscitative measures, respond to medical emergencies and utilization of 911 services (EMS) for emergencies. Successful completion of appropriate training, such as a CPR certification course is defined in the policies and procedures. Online CPR certification is acceptable with in-person verification of competency.

Patients and families are provided information about the hospice's policies and procedures for resuscitation, medical emergencies and accessing 911 services (EMS).

Evidence: Written Policies and Procedures

Evidence: Personnel Files

Evidence: Response to Interviews

Evidence: Patient Records

Services applicable: HIC, HSP

---

## **Standard HSP2-7A.01: Written policies and procedures are established and implemented by the hospice in regard to the identification, evaluation, and discussion of ethical issues.**

The hospice provides care/service within an ethical framework that is consistent with applicable professional and regulatory bodies. Written policies and procedures address the mechanisms utilized to identify, address, and evaluate ethical issues in the hospice. Examples of forums utilized to consider and discuss ethical issues include:

- Professional Advisory Committees
- Ethics Committees
- Ethics forums
- Access to professional experts
- Performance Improvement Committee

The hospice monitors and reports all ethical issues and actions to the governing body/organizational leaders as outlined in policies and procedures.

All personnel are receiving training during initial orientation and annually, that includes examples of potential ethical issues and the process to follow when an ethical issue is identified.

Evidence: Written Policies and Procedures

Evidence: Board of Director Meeting Minutes

Evidence: Ethic Committee Reports

Evidence: Response to Interviews

Services applicable: HIC, HSP

---

## **Standard HSP2-8A.01: Written policies and procedures are established and implemented by the hospice in regard to the provision of care/service to patients and families with communication or language barriers.**

Personnel can communicate with the patient and/or family in the appropriate language or form understandable to the patient. Mechanisms are in place to assist with language and communication barriers. This may include the availability of bilingual personnel, interpreters, or assistive technologies. Personnel can communicate with the patient/family by using special telephone devices for the deaf or other communication aids such as picture cards or written materials in the patient's language.

All personnel are knowledgeable regarding the written policies and procedures for the provision of care/service to patients and families with communication barriers.

Evidence: Written Policies and Procedures

Evidence: Observation

Services applicable: HIC, HSP

---

## **Standard HSP2-8A.02: Written policies and procedures are established and implemented for the provision of care/service to patients and families of various cultural backgrounds, beliefs and religions.**

Written policies and procedures describe the mechanism the hospice utilizes to provide care for patient and families of different cultural backgrounds, beliefs and religions. The policies and procedures also describe any actions expected for personnel providing

care to patients who have different cultural backgrounds, beliefs and religions.

Different cultural backgrounds, beliefs and religions impact the patient's lifestyles, habits, view of health, healing, terminal illness, dying, and bereavement. Personnel identify differences in their own beliefs and the patient's beliefs and find ways to support the patient. Personnel make efforts to understand how the patient and family's cultural beliefs impact their perception of their illness

All personnel are provided with annual education and resources to increase their cultural awareness of the patients/families they serve.

Evidence: Written Policies and Procedures

Evidence: Response to Interviews

Services applicable: HIC, HSP

---

**Standard HSP2-9A.01: Written policies and procedures are established and implemented by the hospice in regard to a Compliance Program aimed at preventing fraud and abuse.**

The hospice has an established Compliance Program that provides guidance for the prevention fraud and abuse. The Compliance Program identifies numerous compliance risk areas particularly susceptible to fraud and abuse.

The Compliance Program details actions the hospice takes to prevent violations of the fraud and abuse. The policies and procedures include, but are not limited to:

- Implementation of written policies, procedures, and standards of conduct
- Designation of a Compliance Officer and Compliance Committee
- Conducting effective training and education programs
- Development of open lines of communication between the Compliance Officer and/or Compliance Committee and organization personnel for receiving complaints and protecting callers from retaliation
- Performance of internal audits to monitor compliance
- Establishing and publicizing disciplinary guidelines for failing to comply with policies and procedures, applicable statutes and regulations
- Prompt response to detected offenses through corrective action

Evidence: Written Policies and Procedures

Evidence: Performance Improvement Activities

Evidence: Response to Interviews

Services applicable: HIC, HSP

---

**Standard HSP2-10A: Nursing services, physician services, and drugs and biologicals (as specified in 42 CFR 418.106) must be made routinely available on a 24-hour basis 7 days a week. Other covered services must be available on a 24-hour basis when reasonable and necessary to meet the needs of the patient and family. 418.100(c)(2) (L653)**

The hospice provides nursing, physician and drugs/biologicals (as specified in 42 CFR 418.106) services 24 hours a day, seven days a week as necessary to meet patient needs. An on-call coverage system for care/services must be used to provide this coverage during evenings, nights, weekends and holidays. Other hospice services are available on a 24-hour basis as necessary to meet the needs of patients for the palliation and management of end of life care needs in a timely manner. Hospice provides instructions to patients/families on how to access hospice services, medications, and supplies 24 hours a day, 7 days a week.

Evidence: Observation

**For Medicare-certified Hospices: The Hospice must comply with CFR 418.100(c)(2). See the Medicare Conditions of Participation for the full text of the regulation.**

Services applicable: HIC, HSP

---

**Standard HSP2-11A: A hospice must routinely provide substantially all core services directly by hospice personnel. These services include physician services, nursing services, medical social services and counseling. (418.64) (L587) (L588) (L589)**

A hospice may use contracted personnel, if necessary, to supplement hospice personnel in order to meet the needs of patients under extraordinary or other non-routine circumstances. A hospice may also enter into a written arrangement with another Medicare certified hospice program for the provision of core services to supplement hospice personnel to meet the needs of patients. Circumstances under which a hospice may enter into a written arrangement for the provision of core services include: unanticipated

periods of high patient loads, staffing shortages due to illness or other short-term temporary situations that interrupt patient care; and temporary travel of a patient outside of the hospice's service area.

Evidence: Personnel Files

Evidence: Observation

**For Medicare-certified Hospices: The Hospice must comply with CFR 418.64. See the Medicare Conditions of Participation for the full text of the regulation.**

Services applicable: HIC, HSP

---

**Standard HSP2-11B: A hospice provides physician services as a core service. (418.64(a)) (418.64(a)(1-3)) (L590)**

The hospice medical director, physician employees, and contracted physician(s) of the hospice, in conjunction with the patient's attending physician, are responsible for the palliation and management of the terminal illness and conditions related to the terminal illness.

1. All physician employees and those under contract must function under the supervision of the hospice medical director.
2. All physician employees and those under contract shall meet this requirement by either providing the services directly or through coordinating patient care with the attending physician.
3. If the attending physician is unavailable, the medical director, contracted physician, and/or hospice physician employee is responsible for meeting the medical needs of the patient.

Evidence: Patient Records

**For Medicare-certified Hospices: The Hospice must comply with CFR 418.64(a), 418.64(a)(1), 418.64(a)(2) and 418.64(a)(3). See the Medicare Conditions of Participation for the full text of the regulation.**

Services applicable: HIC, HSP

---

**Standard HSP2-11B.01: Written policies and procedures are established and implemented by the hospice in regard to ongoing responsibilities of the attending physician.**

Written policies and procedures are established and implemented by the hospice regarding the duties of the patient's attending physician relevant to care provided to the patient while receiving hospice services. These duties include, but are not limited to:

- Participation in the development, revision, and approval of the interdisciplinary group plan of care
- Respect of the patient's confidentiality and choices
- Communication with the hospice interdisciplinary group members
- Signing of physician orders and the plan of care in a timely manner
- Management of the patient's medical care
- Availability to hospice personnel, patient, family and caregiver members
- Provision of consultation on specialty patient populations

Evidence: Written Policies and Procedures

Evidence: Patient Records

Services applicable: HIC, HSP

---

**Standard HSP2-11B.02: The hospice communicates to the attending physician their responsibilities relevant to the care provided to the patient receiving hospice services.**

The hospice has an established system to provide attending physicians with a written explanation of their responsibilities. This can be done either:

- Annually
- With each patient admission
- Done one time with the first referral to hospice by the physician

The hospice also communicates to physicians any changes made to these responsibilities.

Evidence: Written explanation of physician responsibilities

Services applicable: HIC, HSP

---

**Standard HSP2-11C: A hospice provides nursing services as a core service. (418.64(b)) (418.64(b)(1)) (L591) (418.64(b)(2)) (L592) (418.64(b)(3)) (L593)**

The hospice must provide nursing care and services by or under the supervision of a Registered Nurse. Nursing services must ensure that the nursing needs of the patient are met as identified in the patient's initial assessment, comprehensive assessment, and updated assessments.

If state law permits Registered Nurses to see, treat, and write orders for patients, then Registered Nurses may provide services to beneficiaries receiving hospice care. If an R.N., including a Nurse Practitioner, Advanced Practice Nurse, etc., is permitted by state law and regulation to see, treat, and write orders, and then the R.N. may perform this function while providing nursing services for hospice patients.

Highly specialized nursing services that are provided so infrequently that the provision of such services by direct hospice personnel would be impracticable and prohibitively expensive, may be provided under contract.

Evidence: Written Contract/Agreements

Evidence: Observation

**For Medicare-certified Hospices: The Hospice must comply with CFR 418.64(b), 418.64(b)(1), 418.64(b)(2) and 418.64(b)(3). See the Medicare Conditions of Participation for the full text of the regulation.**

Services applicable: HIC, HSP

---

**Standard HSP2-11D: The hospice may request a waiver to exempt itself from the requirement of providing nursing services directly by the hospice. (418.66) (L599) (418.66(a)) (418.66(a)(1)) (418.66(a)(2)(i-iii)) (418.66(a)(3)(i-iv)) (418.66(b)) (418.66(c)) (418.66(d)) (L600)**

CMS may waive the requirement in 42 CFR 418.64(b) that a hospice provide nursing services directly, if the hospice is located in a non-urbanized area. The location of a hospice that operates in several areas is considered to be the location of its central office. The hospice must provide evidence to CMS that it has made a good faith effort to hire a sufficient number of nurses to provide services. CMS may waive the requirement that nursing services be furnished by employees based on the following criteria:

- The location of the hospice's central office is in a non-urbanized area as determined by the Bureau of the Census
- There is evidence that the hospice was operational on or before January 1, 1983 including the following:
  - Proof that the organization was established to provide hospice services on or before January 1, 1983
  - Evidence that hospice-type services were furnished to patients on or before January 1, 1983
  - Evidence that hospice care was a discrete activity rather than an aspect of another type of provider's patient care program on or before January 1, 1983
- Evidence that the hospice made a good faith effort to hire nurses:
  - Copies of advertisements in local newspapers that demonstrate recruitment efforts
  - Job descriptions for nurse employees
  - Evidence that salary and benefits are competitive for the area
  - Evidence of any other recruiting activities (for example, recruiting efforts at health fairs and contacts with nurses at other providers in the area)

Any waiver request is deemed to be granted unless it is denied within 60 days after it is received. Waivers will remain effective for 1 year at a time from the date of the request.

If a hospice wishes to receive a 1-year extension, it must submit a request to CMS before the expiration of the waiver period, and certify that the conditions under which it originally requested the initial waiver have not changed since the initial waiver was granted.

Evidence: Waiver Documents

Evidence: Recruitment Ads

**For Medicare-certified Hospices: The Hospice must comply with CFR 418.66, 418.66(a), 418.66(a)(1), 418.66(a)(2)(i), 418.66(a)(2)(ii), 418.66(a)(2)(iii), 418.66(a)(3)(i), 418.66(a)(3)(ii), 418.66(a)(3)(iii), 418.66(a)(3)(iv), 418.66(b), 418.66(c) and 418.66(d). See the Medicare Conditions of Participation for the full text of the regulation.**

Services applicable: HIC, HSP

---

**Standard HSP2-11E: A hospice provides medical social services as a core service. (418.64(c)) (L594)**

Medical social services must be provided by a qualified Social Worker, under the direction of a physician. Social work services must be based on the patient's psychosocial assessment and the patient's and family's needs and acceptance of these services.

Evidence: Observation

**For Medicare-certified Hospices: The Hospice must comply with CFR 418.64(c). See the Medicare Conditions of Participation for the full text of the regulation.**

Services applicable: HIC, HSP

---

**Standard HSP2-11F: A hospice provides Bereavement counseling services as a core service. Written policies and procedures are established and implemented by the hospice in regard to Bereavement services. (418.64(d)) (L595) (418.64(d)(1)(i-iv)) (L596)**

Written policies and procedures are established and implemented by the hospice for bereavement services. Bereavement counseling services must be available to the patient and family to assist in minimizing the stress and problems that arise from the terminal illness, related conditions and the dying process.

Bereavement counseling services include, but are not limited to:

- Have an organized program for the provision of bereavement services furnished under the supervision of a qualified professional with experience or education in grief or loss counseling.
- Make bereavement services available to the family and other individuals in the bereavement plan of care up to 1 year following the death of the patient. Bereavement counseling also extends to residents of an SNF/NF or ICF/IID when appropriate and are identified in the bereavement plan of care.
- Ensure that bereavement services reflect the needs of the bereaved.
- Develop a bereavement plan of care that notes the kind of bereavement services to be offered and the frequency of service delivery. A special coverage provision for bereavement counseling is specified in 42 CFR 418.204(c)

Bereavement services include:

- Individual counseling
- Support groups for adults and/or children
- Letters and cards
- Referral to other community resources

In addition, bereavement services may include:

- Memorial services
- Bereavement camps
- Telephone contacts

The bereavement assessment is updated:

- As appropriate during the patient's time in the hospice program
- At the time of death
- During the provision of bereavement follow-up and care

The bereavement plan of care includes documented needs and goals based on the initial and ongoing assessment of the survivors' needs and desire for ongoing support.

Evidence: Written Policies and Procedures

Evidence: Bereavement Records

Evidence: Observation

**For Medicare-certified Hospices: The Hospice must comply with CFR 418.64(d), 418.64(d)(1)(i), 418.64(d)(1)(ii), 418.64(d)(1)(iii) and 418.64(d)(1)(iv). See the Medicare Conditions of Participation for the full text of the regulation.**

Services applicable: HIC, HSP

---

**Standard HSP2-11F.01: Written policies and procedures are established and implemented by the hospice in regard to the process for addressing bereavement needs that cannot be met by the hospice.**

When the hospice is unable to meet the bereavement needs of a survivor or identifies a survivor who is "at risk" for complicated bereavement, the hospice has a process for referring that person to other counseling services or community agencies as needed.

Evidence: Written Policies and Procedures  
Evidence: Bereavement Records

Services applicable: HIC, HSP

---

**Standard HSP2-11G: A hospice provides Spiritual counseling services as a core service. Written policies and procedures are established and implemented by the hospice in regard to Spiritual services. (418.64(d)) (L595) (418.64(d)(3)(i-iv)) (L598)**

Written policies and procedures are established and implemented by the hospice for Spiritual services. Spiritual counseling services must be available to the patient and family to assist in minimizing the stress and problems that arise from the terminal illness, related conditions, and the dying process.

Spiritual counseling services include, but are not limited to:

- Providing an assessment of the patient's and family's spiritual needs
- Providing spiritual counseling to meet these needs in accordance with the patient's and family's acceptance of this service and in a manner consistent with their beliefs and desires
- Making all reasonable efforts to facilitate visits by local clergy, pastoral counselors, or other individuals who can support the patient's spiritual needs to the best of their ability
- Advising the patient and family of this service
- Collaborating with other IDG members in the development of the plan of care
- Supporting dignity of the dying patient
- Performing religious rituals
- Assisting with funerals and memorial services
- Providing education to other IDG members about spirituality

Hospices can look to the standards of the National Hospice Palliative Care Organization for guidance in determining appropriate professional standards for hospice spiritual care.

Evidence: Written Policies and Procedures  
Evidence: Patient Records  
Evidence: Observation  
Evidence: Response to Interviews

**For Medicare-certified Hospices: The Hospice must comply with CFR 418.64(d), 418.64(d)(3)(i), 418.64(d)(3)(ii), 418.64(d)(3)(iii) and 418.64(d)(3)(iv). See the Medicare Conditions of Participation for the full text of the regulation.**

Services applicable: HIC, HSP

---

**Standard HSP2-11H: A hospice provides Dietary counseling services as a core service. Written policies and procedures are established and implemented by the hospice in regard to Dietary services. (418.64(d)) (L595) (418.64(d)(2)) (L597)**

Written policies and procedures are established and implemented by the hospice for Dietary services. Dietary counseling services must be available to the patient and family to assist them in minimizing the stress and problems that arise from the terminal illness, related conditions, and the dying process.

Dietary counseling services include, but are not limited to:

- Dietary counseling, when identified in the plan of care, must be performed by a qualified individual, such as a dietitian, nurse, or other individuals who is able to address and ensure that the dietary needs of the patient are met.

Evidence: Written Policies and Procedures  
Evidence: Patient Record  
Evidence: Observation  
Evidence: Response to Interviews

**For Medicare-certified Hospices: The Hospice must comply with CFR 418.64(d) and 418.64(d)(2). See the Medicare Conditions of Participation for the full text of the regulation.**

Services applicable: HIC, HSP



---

**Standard HSP2-12A: The hospice ensures that non-core services are provided to hospice patients and their families according to applicable law and regulations. Non-core services include Physical Therapy, Occupational Therapy and Speech-Language Pathology. (418.72) (L603) (L604)**

Non-core services are provided based on the needs of the patient and family according to applicable laws and regulations. These additional services may be provided directly by hospice personnel or by another individual or entity under arrangement with the hospice. The hospice retains the responsibility for the management of care when arrangements are made with another individual or entity to provide services. Non-core services include physical, occupational, and speech-language therapies approved by the interdisciplinary group. The hospice must have the ability to provide these services through the agency or contract personnel.

Evidence: Observation

**For Medicare-certified Hospices: The Hospice must comply with CFR 418.72. See the Medicare Conditions of Participation for the full text of the regulation.**

Services applicable: HIC, HSP

---

**Standard HSP2-12B: The hospice may request a waiver from the requirement that all physical therapy, occupational therapy, speech-language pathology and dietary counseling be provided directly by the hospice. (418.74) (L605) (418.74(a)) (418.74(a)(1)) (418.74(a)(2)(i-iv)) 418.74(b-d)) (L606)**

A hospice located in a non-urbanized area may submit a written request for a waiver of the requirement for providing physical therapy, occupational therapy, speech-language pathology, and dietary counseling services on a 24-hour basis. The hospice may also seek a waiver of the requirement that it provide dietary counseling directly. The hospice must provide evidence that it has made a good faith effort to meet the requirements for these services before it seeks a waiver. CMS may approve a waiver application on the basis of the following criteria:

- The hospice is located in a non-urbanized area as determined by the Bureau of the Census
- The hospice provides evidence that it had made a good faith effort to make available physical therapy, occupational therapy, speech-language pathology, and dietary counseling services on a 24-hour basis and/or to hire a dietary counselor to furnish services directly. This evidence must include the following:
  - Copies of advertisements in local newspapers that demonstrate recruitment efforts
  - Physical therapy, occupational therapy, speech-language pathology, and dietary counselor job descriptions
  - Evidence that salary and benefits are competitive for the area
  - Evidence of any other recruiting activities (for example, recruiting efforts at health fairs and contact discussions with physical therapy, occupational therapy, speech-language pathology, and dietary counseling service providers in the area)

Any waiver request is deemed to be granted unless it is denied within 60 days after it is received.

An initial waiver will remain effective for 1 year at a time from the date of the request.

If a hospice wishes to receive a 1-year extension, it must submit a request to CMS before the expiration of the waiver period and certify that conditions under which it originally requested the waiver have not changed since the initial waiver was granted.

Evidence: Waiver Documents

Evidence: Recruitment Ads

**For Medicare-certified Hospices: The Hospice must comply with CFR 418.74, 418.74(a), 418.74(a)(1), 418.74(a)(2), 418.74(a)(2)(i), 418.74(a)(2)(ii), 418.74(a)(2)(iii), 418.74(a)(2)(iv), 418.74(b), 418.74(c) and 418.74(d). See the Medicare Conditions of Participation for the full text of the regulation.**

Services applicable: HIC, HSP

---

**Standard HSP2-13A: The hospice provides medical supplies and appliances, as described in 42 CFR 410.36; durable medical equipment, as described in 42 CFR 410.38; and drugs and biologicals related to the palliation and management of the terminal illness and related conditions, as identified in the hospice plan of care while the patient is under hospice care. (418.106) (L686) (L687)**

Medical supplies, appliances, durable medical equipment, self-help, and personal comfort items used in the management of the patient's end-of-life care needs are provided based on a needs assessment and are included in the plan of care. Criteria may be developed for use in determining the appropriate services and treatment for the palliation of symptoms and end-of-life care.

Drugs as defined in 1861(t) of the Act and that are used primarily for the relief of pain and symptom control related to the individual's

terminal illness are provided to the patient. This includes both prescription and over-the-counter drugs as defined in 1861(t) of the Act.

The hospice may provide these services directly or by arrangement with another organization.

Evidence: Patient Records

**For Medicare-certified Hospices: The Hospice must comply with CFR 418.106. See the Medicare Conditions of Participation for the full text of the regulation.**

Services applicable: HIC, HSP

---

**Standard HSP2-13B: If the hospice provides durable medical equipment under contract, then the DMEPOS provider is accredited by a CMS-approved accreditation organization. (418.106(f)(3)) (L703)**

Hospices may only contract for durable medical equipment services with a durable medical equipment supplier that meets the Medicare DMEPOS Supplier Quality and Accreditation Standards at 42 CFR 424.57.

Evidence: Observation

**For Medicare-certified Hospices: The Hospice must comply with CFR 418.106(f)(3). See the Medicare Conditions of Participation for the full text of the regulation.**

Services applicable: HIC, HSP

---

**Standard HSP2-14A: Written policies and procedures are established and implemented by the hospice in regard to pain and symptom management. (418.52(c)(1)) (L512)**

The patient has the right to receive effective pain management and symptom control from the hospice for conditions related to the terminal illness.

Written policies, procedures and/or protocols are developed for pain and symptom management that include the use of pharmacological and non-pharmacological interventions. Policies, procedures and/or protocols also include management of pain and symptoms based on a complete pain assessment.

Evidence: Written Policies and Procedures  
Evidence: Patient Records

**For Medicare-certified Hospices: The Hospice must comply with CFR 418.52(c)(1). See the Medicare Conditions of Participation for the full text of the regulation.**

Services applicable: HIC, HSP

---

**Standard HSP2-15A: The hospice must designate an interdisciplinary group (IDG) or groups composed 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. Interdisciplinary group members must provide the care and services offered by the hospice, and the group, in its entirety, must supervise the care and services. (418.56(a)) (L539) (418.56(a)(1) (i-iv)) (L541)**

The interdisciplinary group includes, but is not limited to, individuals who are qualified and competent to practice in the following professional roles:

- A doctor of medicine or osteopathy (who is an employee or under contract with the hospice)
- A Registered Nurse
- A Medical Social Worker
- A pastoral or other counselor

The IDG may also include other core services such as bereavement counselors, therapists, dieticians and/or volunteers.

The interdisciplinary group facilitates and manages the end-of-life care needs of a patient based on the preferences of the patient and family.

End-of-life care may include:

- Pain and symptom management

- Facilitation of life closure and reconciliation
- Expression of grief and loss
- Spiritual support of the faith system
- Acceptance of patient and family strengths and weaknesses
- Provision of supportive and personal care

Evidence: Patient Records

Evidence: Observation

**For Medicare-certified Hospices: The Hospice must comply with CFR 418.56(a), 418.56(a)(1)(i), 418.56(a)(1)(ii), 418.56(a)(1)(iii) and 418.56(a)(1)(iv). See the Medicare Conditions of Participation for the full text of the regulation.**

Services applicable: HIC, HSP

---

**Standard HSP2-15B: If the hospice has more than one interdisciplinary group (IDG), it identifies a specifically designated interdisciplinary group to establish policies and procedures governing the day-to-day provision of hospice care and services. The IDG provides for and ensures the ongoing sharing of information between all disciplines providing care and services in all settings, whether the care and services are provided directly or under arrangement. (418.56(a)(2)) (L542)**

If the hospice has more than one IDG, it may select members from different IDGs to serve on the lead IDG that establishes the hospice's policies and procedures, as long as all required disciplines are represented (e.g., physician, RN, social worker, counselor).

Evidence: Written Policies and Procedures

Evidence: IDG Meeting Minutes

**For Medicare-certified Hospices: The Hospice must comply with CFR 418.56(a)(2). See the Medicare Conditions of Participation for the full text of the regulation.**

Services applicable: HIC, HSP

---

**Standard HSP2-15C: The hospice must designate a registered nurse that is a member of the interdisciplinary group to provide coordination of care and to ensure continuous assessment of each patient's and family's needs and implementation of the interdisciplinary plan of care. (418.56(a)(1)) (L540)**

A Registered Nurse is designated to ensure continuous assessment of the patient's and family's needs and to coordinate activities with other members of the interdisciplinary group (IDG). The IDG must work together and is responsible for supervision of the care and service for each patient and family. The primary nurse provides the nursing services as specified in the patient's IDG plan of care.

Evidence: Patient Records

**For Medicare-certified Hospices: The Hospice must comply with CFR 418.56(a). See the Medicare Conditions of Participation for the full text of the regulation.**

Services applicable: HIC, HSP

---

**Standard HSP2-15D: There is a member of the IDG responsible for patients who are a resident of the SNF/NF or ICF/IID. (418.112(e)(1)) (L777) (418.112(e)(1)(i)) (L778) (418.112(e)(1)(ii)) (L779) (418.112(e)(2)) (L780) (418.112(e)(3)(i-vii)) (L781)**

The hospice designates a member of each interdisciplinary group (IDG) that is responsible for a patient who is a resident in an SNF/NF or ICF/IID facility. The designated IDG member is responsible for providing overall coordination of the hospice care of the resident with the facility's personnel. The designated IDG member is also responsible for communicating with SNF/NF or ICF/IID representatives and other health care providers participating in the provision of care for the terminal illness and other conditions to ensure quality of care for the patient and family.

The hospice ensures that the IDG communicates with the a SNF/NF or ICF/IID facility's medical director, the patient's attending physician, and other physicians participating in the provision of care as needed to coordinate the hospice care of the patient with the medical care provided by other physicians.

The hospice also provides the SNF/NF or ICF/IID with the following information:

- The most recent hospice plan of care specific to each patient
- Hospice election form and any Advance Directives specific to each patient
- Physician certification and recertification of the terminal illness specific to each patient

- Names and contact information for hospice personnel involved in hospice care of each patient
- Instructions on how to access the hospice's 24-hour on-call system
- Hospice medication information specific to each patient
- Hospice physician and attending physician (if any) orders specific to each patient

Evidence: Patient Records  
 Evidence: Observation

**For Medicare-certified Hospices: The Hospice must comply with CFR 418.112(e)(1), 418.112(e)(1)(i), 418.112(e)(1)(ii), 418.112(e)(2), 418.112(e)(3)(i), 418.112(e)(3)(ii), 418.112(e)(3)(iii), 418.112(e)(3)(iv), 418.112(e)(3)(v), 418.112(e)(3)(vi) and 418.112(e)(3)(vii). See the Medicare Conditions of Participation for the full text of the regulation.**

Services applicable: HSP

---

**Standard HSP2-15E: Licensed professionals actively participate in the coordination of all aspects of the patient's hospice care, in accordance with current professional standards and practice, including participating in ongoing interdisciplinary comprehensive assessments, developing and evaluating the plan of care, and contributing to patient and family counseling and education. (418.62(b)) (L585)**

Additional group members are added as needed. The number of group members is not as important as the qualifications and their participation in the group. Communication between all IDG members, including on-call personnel, are documented in the patient record.

Additional members of the interdisciplinary group include, but are not limited to:

- Physical therapists
- Occupational therapists
- Speech therapists
- Respiratory therapists
- Pharmacists
- Paraprofessional personnel (hospice aide or homemaker)

Evidence: Patient Records

**For Medicare-certified Hospices: The Hospice must comply with CFR 418.62(b). See the Medicare Conditions of Participation for the full text of the regulation.**

Services applicable: HIC, HSP

---

**Standard HSP2-15F: Hospice care/services are coordinated when other community agencies or individuals are involved in providing services to a patient. The hospice provides for and ensures the ongoing sharing of information between all disciplines providing care/services in all settings, whether the care/services are provided directly or under arrangement. The IDG maintains responsibility for directing, coordinating and supervising the care and services provided. (418.56(e)) (418.56(e)(1) (L554) (418.56(e)(2)) (L555) (418.56(e)(3)) (L556) (418.56(e)(4)) (L557) (418.56(e)(5)) (L558)**

The hospice implements a process to coordinate services and communicate information about patients whenever more than one health care provider is providing services to the same patient. The hospice provides for an ongoing sharing of information with other non-hospice healthcare providers furnishing services unrelated to the terminal illness and related conditions.

Coordination and communication activities are intended to avoid duplication of services and promote cooperative and complimentary services for the patient with other organizations or individuals.

Information about other organizations providing services to a hospice patient is documented in patient records along with documentation of any intra-organization communications aimed at coordinating services. The interdisciplinary group may contain representatives from community organizations involved in the patient's care.

The hospice must develop and maintain a system of communication and integrations, in accordance with the hospice's own policies and procedures, to ensure that the IDG maintains responsibility for directing, coordinating, and supervising the care and services provided.

Evidence: Patient Records  
 Evidence: Observation  
 Evidence: Written Policies and Procedures

**For Medicare-certified Hospices: The Hospice must comply with CFR 418.56(e), 418.56(e)(1), 418.56(e)(2), 418.56(e)(3), 418.56(e)(4) and 418.56(e)(5). See the Medicare Conditions of Participation for the full text of the regulation.**

Services applicable: HIC, HSP

---

**Standard HSP2-16A.01: Written policies and procedures are established and implemented by the hospice in regard to hospice inpatient care.**

Written policies and procedures include, but are not limited to:

- Admission criteria for inpatient care
- How patients, families and physicians are involved in the decisions related to inpatient care
- Nursing availability
- Interdisciplinary care
- Coordination of care/services from admission to the time of discharge or death
- Development of the plan of care
- Education and training of facility personnel

Evidence: Written Policies and Procedures

Evidence: Observation

Services applicable: HIC

---

**Standard HSP2-16A.02: Written policies and procedures are established and implemented in regard to the hospice inpatient facility considering the dietary and nutritional needs of the hospice patient in the planning and provision of meals.**

Meals and dietary supplements are provided in accordance with the hospice plan of care. The plan of care includes the patient's dietary and nutritional needs and restrictions. Patients are given the opportunity to make choices related to preferences and needs. If the patient's choice is not compliant with physician orders, it will be documented in the patient record and the physician will be notified.

Written policies and procedures include, but are not limited to:

- Providing safe and sanitary food storage, preparation and distribution in accordance with state and federal laws and regulations
- Patient assistance with feeding
- Dietary plan of care to include patient and family involvement
- Meal planning
- Supervision of dietary services

Evidence: Response to Interviews

Evidence: Patient Records

Evidence: Written Policies and Procedures

Evidence: Observation

Services applicable: HIC

---

**Standard HSP2-16B: The hospice inpatient facility must provide 24-hour nursing services that meet the nursing needs of all patients and are furnished in accordance with each patient's plan of care. Each patient must receive all nursing services as prescribed and must be kept comfortable, clean, well-groomed, and protected from accident, injury, and infection. If at least one patient in the hospice facility is receiving general inpatient care, each shift must include an RN who provides direct patient care. (418.110(b)) (418.110(b)(1)) (L722) (418.110(b)(2)) (L723)**

Nursing care is provided in accordance with the hospice plan of care. The general inpatient care provided in a facility for pain control, acute or chronic symptom management which cannot be managed in other settings; is a different level of care than respite care. It is not automatically necessary to have an RN assigned to every shift to provide direct patient care if the only hospice patients in a facility are receiving the respite or routine levels of care. Staffing for a facility solely providing the respite or routine home care levels of care to hospice patients should be based on each patient's care needs.

Evidence: Personnel Schedules

Evidence: Patient Records

**For Medicare-certified Hospices: The Hospice must comply with CFR 418.110(b), 418.110(b)(1) and 418.110(b)(2). See the Medicare Conditions of Participation for the full text of the regulation.**

Services applicable: HIC

---

**Standard HSP2-16C: The facility providing respite care must provide 24-hour nursing services that meet the nursing needs of all patients and are furnished in accordance with each patient's plan of care. Each patient must receive all nursing services as prescribed and must be kept comfortable, clean, well-groomed, and protected from accident, injury, and infection. (418.108(b)(2)) (L710)**

The hospice must assure that the inpatient facility has enough nursing personnel present on all shifts to guarantee that adequate safety measures are in place for the patients and that the routine, special, and emergency needs of all patients are met at all times.

Evidence: Personnel Schedules

Services applicable: HSP

---

**Standard HSP2-16D.01: Written policies and procedures are established and implemented by the hospice in regard to the provision of a safe and homelike environment for patients, visitors and personnel in a hospice inpatient facility.**

Written policies and procedures include, but are not limited to:

- Decor and design of the facility to promote a safe and comfortable environment
- Patient privacy
- Visitor access
- Patient space requirements
- Environmental controls
- Fire safety
- Disposal of trash and medical waste
- Emergency gas and water supply
- The scheduled and emergency maintenance and repair of all equipment
- Security

Evidence: Written Policies and Procedures

Evidence: Observation

Services applicable: HIC

---

**Standard HSP2-16E: Hospices that provide hospice care to residents of an SNF/NF or ICF/IID must assume responsibility for professional management of the resident's hospice services provided, in accordance with the hospice plan of care and the hospice Medicare Conditions of Participation. The hospice is also responsible for making the necessary arrangements for hospice-related inpatient care in a participating Medicare/Medicaid facility according to 42 CFR 418.100 and 42 CFR 418.108. (418.112) (L759) (760) (418.112(a)) (L761) (418.112(b)) (L762)**

Professional management for a hospice patient who resides in a SNF/NF or ICF/IID has the same meaning that it has if the hospice patients were living in their own home. Professional management involves assessing, planning, monitoring, directing and evaluating the patient's/resident's hospice care across all settings.

The professional services provided by the hospice to the patients in their home continue to be provided by the hospice in a facility or other place of residence. Hospice core services are routinely provided by the hospice and cannot be delegated to the facility. Hospices specify that facility personnel immediately notify the hospice of any unplanned interventions. The contract between the hospice and the facility outlines the facility personnel's responsibilities for management of crisis situations and temporary emergencies.

The hospice is responsible for providing all hospice services including:

- Ongoing assessment, care planning, monitoring, coordination and provision of care by the Hospice IDG
- Assessment, coordination and provision of any needed general inpatient or continuous care
- Consultation about the patient's care with facility personnel
- Coordination by the hospice RN for the implementation of the plan of care for the patient
- Provision of hospice aide services, if these services are determined necessary by the IDG to supplement the nurse aide services provided by the facility
- Provision, in a timely manner, of all supplies, medications, and DME needed for the palliation and management of the terminal illness and related conditions

- Financial management responsibility for all medical supplies, appliances, medications and biologicals related to the terminal illness and related conditions
- Determination of the appropriate level of care to be given to the patient (routine homecare, inpatient, or continuous care)
- Arranging any necessary transfers from the facility, in consultation with the facility personnel

Medicare patients receiving hospice services and residing in a SNF, NF, or ICF/IID are subject to the Medicare hospice eligibility criteria set out at 42 CFR 418.20 through 42 CFR 418.30.

Evidence: Patient Records

Evidence: Observation

Evidence: Responses to Interviews

Services applicable: HSP

**Standard HSP2-17A: Written policies and procedures are established and implemented by the hospice inpatient facility in regard to the process for when and how restraint or seclusion of patients is allowed. All patients have the right to be free from physical or mental abuse and corporal punishment. All patients have the right to be free from restraint or seclusion, of any form, imposed as a means of coercion, discipline, convenience, or retaliation by personnel. (418.110(n)) (L737)**

The hospice is responsible for creating a culture that supports a patient's right to be free from restraints or seclusion (the involuntary confinement of a patient alone in a room or an area from which the patient is physically prevented from leaving). The hospice also ensures that systems and processes are developed; implemented and evaluated that support the patient's rights addressed in this standard and that eliminate the inappropriate use of restraint or seclusion.

Evidence: Written Policies and Procedures

Evidence: Observation

**For Medicare-certified Hospices: The Hospice must comply with CFR 418.110(n). See the Medicare Conditions of Participation for the full text of the regulation.**

Services applicable: HIC

**Standard HSP2-17B: In a hospice inpatient facility restraints and seclusion are used only when less restrictive interventions are ineffective and in accordance with a written modification to the patient's plan of care. Restraint or seclusion may only be imposed to ensure the immediate physical safety of the patient, personnel, or others and must be discontinued at the earliest possible time. (418.110(n) (1)) (L738) 418.110(n)(2) (L739) (418.110(n)(3)) (L740) (418.110(n)(4)) (L741) (418.110(n)(5)) (L742) (418.110(n)(6)) (L743) 418.110(n)(10)) (L747)**

The type or technique of restraint or seclusion used is the least restrictive intervention that will be effective to protect the patient, a personnel member, or others from harm. The use of restraint or seclusion is in accordance with a written modification to the patient's plan of care and implemented in accordance with safe and appropriate restraints and seclusion techniques as determined by hospice's policies and procedures and state law.

The use of restraints or seclusion is in accordance with the order of a physician authorized to order restraints or seclusion by hospice policies and procedures and state law. Orders for the use of restraint or seclusion are never written as a standing order or on an as needed basis (PRN).

Physicians authorized to order restraints or seclusion, in accordance with state law, must have a working knowledge of hospice policies and procedures regarding the use of restraints or seclusion. These policies and procedures include the training requirements for physicians and attending physicians.

The medical director or physician designee is consulted as soon as possible if the attending physician did not order the restraint or seclusion.

If restraints or seclusion is necessary, it must be discontinued as soon as possible based on an individualized patient assessment and re-evaluation. A violation of any of these patient's rights constitutes an inappropriate use of restraint or seclusion. The use of restraints for the prevention of falls must not be considered a routine part of a falls prevention program.

Evidence: Patient Records

Evidence: Observation

**For Medicare-certified Hospices: The Hospice must comply with CFR 418.110(n)(1), 418.110(n)(10), 418.110(n)(2), 418.110(n)(3), 418.110(n)(4), 418.110(n)(5) and 418.110(n)(6). See the Medicare Conditions of Participation for the full text of the regulation.**

Services applicable: HIC

---

**Standard HSP2-17C: In a hospice inpatient facility the observation and reassessment of restraints and seclusion are done in accordance with hospice policies and procedures and state law. State law may be more restrictive. (418.110(n)(7)(i-ii) (L744) (418.110(n)(8)) (L745) (418.110(n)(9)) (L746) (418.110(n)(11)(i-ii) (L748) (418.110(n) (12)) (L749) (418.110(n)(13)) (L750) (418.110(n)(14)) (L751) (418.110(n)(15)) (L752)**

Each order for restraint or seclusion used for the management of violent or self-destructive behavior that jeopardizes the immediate physical safety of the patient, a personnel member, or others is renewed in accordance with the following limits for up to a total of 24 hours:

- 4 hours for adults 18 years of age or older
- 2 hours for children and adolescents 9 to 17 years of age
- 1 hour for children under 9 years of age

After 24 hours, before writing a new order for the use of restraint or seclusion for the management of violent or self-destructive behavior, a physician authorized to order restraint or seclusion by hospice policies and procedures and state law must see and assess the patient. Each order for restraint used to ensure the physical safety of the non-violent or non-self-destructive patient is renewed, as authorized, by hospice policies and procedures.

Restraint or seclusion is discontinued at the earliest possible time, regardless of the length of time identified in the order.

The condition of the patient who is restrained or secluded is monitored by a physician or personnel (that has completed the required training) at an interval determined by hospice policies and procedures.

When restraint or seclusion is used for the management of violent or self-destructive behavior that jeopardizes the immediate physical safety of the patient, a personnel member, or others, the patient is seen face-to-face within 1 hour after the initiation of the intervention by a physician or a Registered Nurse who is appropriately trained in restraints and seclusion to evaluate:

- The patient's immediate situation
- The patient's reaction to the intervention
- The patient's medical and behavioral condition
- The need to continue or terminate the restraint or seclusion

If the face-to-face evaluation specified above is conducted by a trained Registered Nurse, the trained Registered Nurse must consult the medical director or physician designee as soon as possible after the completion of the 1-hour face-to-face evaluation. States are free to have requirements by statute or regulation that are more restrictive than those contained in paragraph (n)(11)(i) of 42 CFR 418.110.

Monitoring the physical and psychological well-being of the patient who is restrained or secluded, includes but is not limited to:

- Respiratory and circulatory status
- Skin integrity
- Vital signs
- Any special requirements specified by hospice policy associated with the 1-hour face-to-face evaluation

When restraint or seclusion is used, there is documentation in the patient record of the following:

- The one hour face-to-face medical and behavioral evaluation
- A description of the patient's behavior and the intervention used
- Alternatives or other less restrictive interventions attempted
- The patient's condition or symptom(s) that warranted the use of the restraint or seclusion
- The patient's response to the intervention(s) used, including the rationale for continued use of the intervention.

All requirements specified under this paragraph are applicable to the simultaneous use of restraint and seclusion. Simultaneous restraint and seclusion use is only permitted if the patient is continually monitored:

- Face-to-face by an assigned, trained staff member
- By trained staff using both video and audio equipment. This monitoring must be in close proximity to the patient

Evidence: Patient Records

**For Medicare-certified Hospices: The Hospice must comply with CFR 418.110(n)(11), 418.110(n)(11)(i), 418.110(n)(11)(i)(A), 418.110(n)(11)(i)(B), 418.110(n)(11)(ii), 418.110(n)(11)(ii)(A), 418.110(n)(11)(ii)(B), 418.110(n)(11)(ii)(C), 418.110(n)(11)(ii)(D), 418.110(n)(12), 418.110(n)(13), 418.110(n)(14), 418.110(n)(14)(i), 418.110(n)(14)(ii), 418.110(n)(15), 418.110(n)(15)(i), 418.110(n)(15)(ii), 418.110(n)(15)(iii), 418.110(n)(15)(iv), 418.110(n)(7), 418.110(n)(7)(i), 418.110(n)(7)(i)(A), 418.110(n)(7)(i)(B), 418.110(n)(7)(i)(C), 418.110(n)(7)(ii), 418.110(n)(8) and 418.110(n)(9). See the Medicare Conditions of Participation for the full text of the regulation.**



Services applicable: HIC

## Section 3: FISCAL MANAGEMENT

The standards in this section apply to the financial operations of the organization. These standards address the annual budgeting process, business practices, accounting procedures, and the company's financial processes.

---

**Standard HSP3-1A.01: The overall plan and budget is prepared under the direction of the governing body of the hospice by a committee consisting of representatives of the governing body, the administrative staff, and the Medical Director of the Hospice.**

There is an annual operating budget that includes all anticipated income and expenses related to items that would, under generally accepted accounting principles, be considered income and expense items. However, it is not required that there be prepared, in connection with any budget, an item by item identification of the components of each type of anticipated income or expense.

The hospice has a budget that includes projected revenue and expenses for all programs and care/service it provides. The budget is reflective of the hospice's care/service, and programs.

The hospice's leaders and the individuals in charge of the day-to-day program operations are involved in developing the budget and in planning and review of periodic comparisons of actual and projected expenses and revenues for the care/service.

The budget is reviewed and updated at least annually by the governing body and leadership personnel of the organization.

Evidence: Current Annual Budget

Evidence: Governing Body Meeting Minutes

Services applicable: HIC, HSP

---

**Standard HSP3-2A.01: The hospice implements financial management practices that ensure accurate accounting and billing.**

These practices include, but are not limited to:

- Receipt and tracking of revenue
- Billing of patients and third-party payors
- Notification to the patient/family of changes in reimbursement from third-party payors
- Collection of accounts
- Reconciliation of accounts
- Extension of credit, if applicable
- Financial hardship, if applicable
- Consequences of non-payment
- Acceptance of gifts and/or restricted funds
- Process for receiving, recording and acknowledging contributions, if applicable
- Assignment of revenue to the appropriate program

Evidence: Observation

Services applicable: HIC, HSP

---

**Standard HSP3-3A.01: Written policies and procedures are established and implemented by the hospice in regard to the time frames financial records are kept.**

Written policies and procedures reflect applicable statutes and IRS regulations in regard to the time frame requirements for the retention of financial records. Medicare/Medicaid certified programs require maintaining financial records for at least five years after the last audited cost report.

Evidence: Written Policies and Procedures

Evidence: Observation

Services applicable: HIC, HSP

---

**Standard HSP3-3B.02: The hospice will have a qualified individual conduct a financial review annually which includes identification of recommendations and a written report.**

The financial review report demonstrates the ability of the organization to accumulate financial information and statistics required for the completion of the Medicare Cost Report to include but not be limited to:

- Hospice identification data
- Statistical data
- Contracted statistical data
- Hospice reimbursement data
- Expenses per direct patient care service cost centers
- Expenses per non-reimbursable cost centers
- Statement of costs of services from related organizations and home office costs
- General service costs
- Statement of revenues and operating expenses

Evidence: Observation  
Evidence: Medicare Cost Report

Services applicable: HIC, HSP

---

**Standard HSP3-4A: Written policies and procedures are established and implemented by the hospice that develop care/service rates and the description of method(s) for conveying charges to the patient, the public and referral sources. (418.100(d)) (L654)**

There are written policies and procedures for establishing and conveying the charges for care/services provided to patients. Written charges for care/services are available upon request.

The patient/family is advised orally and in writing of the charges for care at or prior to the receipt of services. The patient also has the right to be informed of changes in payment information no later than 30 days after the agency becomes aware of the change.

Patient records contain written documentation that the patient was informed of the charges, the expected reimbursement for third-party payors, and the financial responsibility of the patient. A hospice that provides hospice care to a Medicare or Medicaid beneficiary does not discontinue or reduce care because of the beneficiary's inability to pay.

Personnel responsible for conveying charges are oriented and provided with education concerning the conveying of charges.

Evidence: Written Policies and Procedures  
Evidence: List of Care/Services with Corresponding Charges  
Evidence: Patient Records  
Evidence: Response to Interviews

**For Medicare-certified Hospices: The Hospice must comply with CFR 418.100(d). See the Medicare Conditions of Participation for the full text of the regulation.**

Services applicable: HIC, HSP

---

**Standard HSP3-5A.01: There is verification that the care/service billed for reconciles with the care/service provided by the hospice.**

The hospice verifies that the patients and/or third-party payors are properly billed for care/service provided.

Evidence: Observation

Services applicable: HIC, HSP

---

**Standard HSP3-6A: The hospice does not exceed the percentage allowed for total inpatient days. (418.108(d)) (L717) (418.108(e)) (L718)**

The total number of inpatient days used by Medicare beneficiaries who elected hospice coverage in a 12-month period in a particular hospice may not exceed 20 percent of the total number of hospice days consumed in total by this group of beneficiaries.

Evidence: Patient/Billing Records

**For Medicare-certified Hospices: The Hospice must comply with CFR 418.108(d) and 418.108(e). See the Medicare Conditions of Participation for the full text of the regulation.**

Services applicable: HSP

## Section 4: HUMAN RESOURCE MANAGEMENT

The standards in this section apply to all categories of personnel in the organization unless otherwise specified. Personnel may include, but are not limited to, support personnel, licensed clinical personnel, unlicensed clinical personnel, administrative and/or supervisory employees, contracted personnel, independent contractors, volunteers, and students completing clinical internships. This section includes requirements for personnel records, including skill assessments and competencies.

---

### **Standard HSP4-1A.01: Written policies and procedures are established and implemented that describe the procedures to be used in the management of personnel files and confidential personnel records.**

The written policies and procedures include, but are not limited to:

- Positions having access to personnel files
- Proper storage
- The required contents
- Procedures to follow for employees who wish to review their personnel file
- Time frames for retention of personnel files

The hospice has personnel records for all of its employees that is available for inspection by federal and state regulatory and accreditation agencies.

Evidence: Written Policies and Procedures

Evidence: Observation

Services applicable: HIC, HSP

---

### **Standard HSP4-1A.02: Prior to or at the time of hire all personnel complete appropriate documentation.**

Prior to or at the time of hire all personnel complete the appropriate documentation, which includes, but is not limited to:

- Position application
- Dated and signed withholding statements
- Form I-9 (employee eligibility verification that confirms citizenship or legal authorization to work in the United States)

Evidence: Personnel Files

Services applicable: HIC, HSP

---

### **Standard HSP4-1B.01: All personnel files at a minimum contain evidence of the following items. (Informational Standard Only)**

Please refer to the standard listed for a detailed description of these requirements.

<b>Description:</b>	<b>Standard:</b>
Position application	HSP4-1A.02
Dated and signed Withholding Statements	HSP4-1A.02
Form I-9 (employee eligibility verification that confirms citizenship or legal authorization to work in the United States)	HSP4-1A.02
Personnel credentialing	HSP4-2B
TB screening	HSP4-2C.01
Hepatitis B vaccination	HSP4-2D.01
Job description	HSP4-2E.01
Motor vehicle license, if applicable	HSP4-2F.01
Criminal background check	HSP4-2H
National sex offender	HSP4-2H
OIG's exclusion list	HSP4-2H
Personnel policies review or Employee handbook	HSP4-2I.01
Annual performance	HSP4-2J.01
Verification of qualifications	HSP4-2B
Orientation	HSP4-4A
Confidentiality agreement	HSP2-5A

- Personnel includes, but is not limited to: support personnel, licensed clinical personnel, unlicensed clinical personnel, administrative and/or supervisory personnel, contract personnel, and volunteers.
- For contract staff the Hospice must have access to all of the above items, except position application, withholding statements, I-9, and personnel handbook, The remainder of items must be available for review during survey but do not need to be kept on site.
- Direct patient care - care of a patient provided personally by a staff member or contracted individual/organization in a patient's residence or healthcare facility. Direct patient care may involve any aspects of the health care of a patient, including treatments, counseling, self-care, patient education, and administration of medication.

Evidence: None Required/Informational Standard only

Services applicable: HIC, HSP

**Standard HSP4-2B: Personnel are qualified for the positions they hold by meeting the education, training, and experience requirements defined by the hospice. Personnel credentialing activities are conducted at the time of hire and prior to expiration of the credentials to verify qualifications of all personnel. (418.114) (L783) (418.114(a)) (L784) (418.114(b)(1)) (L785) (418.114(b)(2)) (L786) (418.114(b)(3)(i)(A-B)) (418.114(b)(3)(ii-iii)) (L787) (418.114(b)(4)) (418.114(b)(4)(i-ii)) (L788) (418.114(b)(5)(i-v)) (L789) (418.114(b)(6)(i-v)) (L790) (418.114(b)(7)(i-vii)) (L791) (418.114(b)(8)(i-ii)) (L792) (418.114(c)) (418.114(c)(1)) (L793) (418.114(c)(2)) (L794)**

Personnel hired for specific positions within the hospice meet the minimum qualifications for those positions in accordance with applicable laws or regulations and the hospice's policies/ procedures, job descriptions, and the ACHC Glossary of Personnel Qualifications as defined by the Medicare Conditions of Participation.

Education, training, and experience are verified prior to employment. This can be accomplished by obtaining copies of resumes, applications, references, diplomas, licenses, certificates, and workshop attendance records.

All professionals who furnish services directly, under an individual contract, or under arrangements with a hospice must be legally authorized (licensed, certified, or registered) in accordance with applicable federal, state, and local laws, and must act only within the scope of their state license, or state certification, or registration. Personnel qualifications must be kept current at all times.

The personnel file or other personnel records contain validation that credentialing information is obtained at time of hire or renewal or in accordance with specific state practice act requirements. Credentialing information includes a procedure for the review of professional occupational licensure, certification, registration or other training as required by state boards and/or professional associations for continued credentialing.

Written policies and procedures are established and implemented to address the situation when there are no state licensing, certification or registration requirements for personnel qualifications for a Registered Nurse or Licensed Practical Nurse. If no state licensing laws, certification or registration requirements exist for the profession, the following requirements must be met:

- Registered Nurse – A graduate of a school of professional nursing
- Licensed Practical Nurse – A person who has completed a practical nursing program

Evidence: Personnel Files (Primary Source Verification)

**For Medicare-certified Hospices: The Hospice must comply with CFR 418.114, 418.114(a), 418.114(b), 418.114(b)(1), 418.114(b)(2), 418.114(b)(3), 418.114(b)(3)(i)(A), 418.114(b)(3)(i)(B), 418.114(b)(3)(ii), 418.114(b)(3)(iii), 418.114(b)(4), 418.114(b)(4)(i), 418.114(b)(4)(ii), 418.114(b)(5), 418.114(b)(5)(i)(A), 418.114(b)(5)(i)(B), 418.114(b)(5)(i)(C), 418.114(b)(5)(ii), 418.114(b)(5)(ii)(A), 418.114(b)(5)(ii)(B), 418.114(b)(5)(ii)(B)(1), 418.114(b)(5)(ii)(B)(2), 418.114(b)(5)(iii), 418.114(b)(5)(iii)(A), 418.114(b)(5)(iii)(B), 418.114(b)(5)(iv), 418.114(b)(5)(iv)(A), 418.114(b)(5)(iv)(B), 418.114(b)(5)(v), 418.114(b)(5)(v)(A), 418.114(b)(5)(v)(A)(1), 418.114(b)(5)(v)(A)(1)(i), 418.114(b)(5)(v)(A)(1)(v), 418.114(b)(5)(v)(A)(2), 418.114(b)(6), 418.114(b)(6)(i), 418.114(b)(6)(i)(A), 418.114(b)(6)(i)(B), 418.114(b)(6)(i)(C), 418.114(b)(6)(ii), 418.114(b)(6)(ii)(A), 418.114(b)(6)(ii)(B), 418.114(b)(6)(ii)(B)(1), 418.114(b)(6)(ii)(B)(2), 418.114(b)(6)(iii), 418.114(b)(6)(iii)(A), 418.114(b)(6)(iii)(B), 418.114(b)(6)(iv), 418.114(b)(6)(iv)(A), 418.114(b)(6)(iv)(B), 418.114(b)(6)(v), 418.114(b)(6)(v)(A), 418.114(b)(6)(v)(A)(1), 418.114(b)(6)(v)(A)(2), 418.114(b)(6)(v)(A)(3), 418.114(b)(6)(v)(A)(4), 418.114(b)(6)(v)(A)(5), 418.114(b)(7), 418.114(b)(7)(i), 418.114(b)(7)(i)(A), 418.114(b)(7)(i)(B), 418.114(b)(7)(i)(C), 418.114(b)(7)(i)(D), 418.114(b)(7)(ii), 418.114(b)(7)(ii)(A), 418.114(b)(7)(ii)(B), 418.114(b)(7)(ii)(B)(1), 418.114(b)(7)(ii)(B)(2), 418.114(b)(7)(iii), 418.114(b)(7)(iii)(A), 418.114(b)(7)(iii)(A)(1), 418.114(b)(7)(iii)(A)(2), 418.114(b)(7)(iii)(A)(3), 418.114(b)(7)(iv), 418.114(b)(7)(iv)(A), 418.114(b)(7)(iv)(B), 418.114(b)(7)(v), 418.114(b)(7)(v)(A), 418.114(b)(7)(v)(B), 418.114(b)(7)(v)(C), 418.114(b)(7)(v)(vi), 418.114(b)(7)(vii), 418.114(b)(7)(vii)(A), 418.114(b)(7)(vii)(B), 418.114(b)(8), 418.114(b)(8)(i), 418.114(b)(8)(ii), 418.114(b)(8)(ii)(A), 418.114(b)(8)(ii)(A)(1), 418.114(b)(8)(ii)(A)(2), 418.114(b)(8)(ii)(A)(3), 418.114(b)(8)(ii)(A)(4), 418.114(c), 418.114(c)(1) and 418.114(c)(2). See the Medicare Conditions of Participation for the full text of the regulation.**

Services applicable: HIC, HSP

---

**Standard HSP4-2C.01: Written policies and procedures are established and implemented in regard to all direct care personnel having a baseline Tuberculosis (TB) test at any point in the past or in accordance with state requirements. Prior to patient contact, an individual TB risk assessment and a symptom evaluation are completed.**

Prior to patient contact, direct care personnel provide or have:

- Upon hire personnel provide evidence of a baseline TB skin or blood test.
- Prior to patient contact, an individual TB risk assessment and symptom evaluation are completed to determine if high risk exposures have occurred since administration of the baseline TB test.
- If there is no evidence of a baseline TB skin or blood test, TB testing is conducted by the organization.

An organization conducts an annual TB risk assessment to determine the need, type, and frequency of testing/assessment for direct care personnel.

Annual TB testing of health care professionals is not recommended unless there is a known exposure or ongoing transmission.

Evidence: Written Policies and Procedures

Evidence: Personnel Files or other Confidential Employee Records

Services applicable: HIC, HSP

---

**Standard HSP4-2D.01: Written policies and procedures are established and implemented for all direct care personnel to have access to the Hepatitis B vaccine as each job classification indicates and as described in federal CDC and OSHA standards.**

Hepatitis B vaccination program and post-vaccination antibody titer are performed in accordance with CDC and OSHA guidelines. Personnel sign a declination statement for the Hepatitis B vaccination within 10 working days of employment if they choose not to become vaccinated.

The following are circumstances under which an organization is exempted from making the vaccination available:

- The complete Hepatitis B vaccination series was previously received
- Antibody testing shows the employee to be immune
- The vaccine cannot be given to the individual for medical reasons or the individual cannot receive antibody testing

Evidence: Personnel Files or Other Confidential Employee Records

Evidence: Written Policies and Procedures

Services applicable: HIC, HSP

---

**Standard HSP4-2E.01: There is a job description for each position within the hospice that is consistent with the organizational chart with respect to function and reporting responsibilities.**

The job description lists:

- Job duties
- Reporting responsibilities
- Minimum job qualifications, experience requirements, education, and training requirements for the job
- Physical and environmental requirements with or without reasonable accommodation

The hospice's job descriptions are consistent with the organizational chart with respect to function and reporting responsibilities. Review of the job description with personnel is conducted as part of the orientation process and whenever the job description changes. There is documentation of receipt of the job description at the time of orientation and whenever the job description changes (e.g., signed job description, orientation checklist, electronic verification).

Evidence: Job Descriptions

Evidence: Personnel Files

Services applicable: HIC, HSP

---

**Standard HSP4-2F.01: All personnel who transport patients in the course of their duties, must have a valid state driver's**

**license appropriate to the type of vehicle being operated and must be in compliance with state laws.**

There is evidence that all personnel who transport patients as part of their job duties have a valid driver's license, appropriate to the type of vehicle being operated. The hospice conducts a Motor Vehicle Records (MVR) check on all personnel who are required to transport patients as part of their job duties, at time of hire and annually.

Evidence: Personnel Files

Services applicable: HIC, HSP

---

**Standard HSP4-2H: Written policies and procedures are established and implemented in regard to background checks being completed on personnel that have direct patient care and/or access to patient records. Background checks include: Office of Inspector General exclusion list, criminal background record and national sex offender registry. (418.114(d)) (418.114(d)(1)) (L795) (418.114(d)(2)) (L796)**

The hospice obtains a criminal background check, Office of Inspector General exclusion list check and national sex offender registry check on all hospice employees who have direct patient care. Hospice contracts require that all contracted entities obtain criminal background check, Office of Inspector General exclusion list check and national sex offender registry check on contracted employees who have direct patient care.

The hospice obtains a criminal background check and Office of Inspector General exclusion list check on all hospice employees who have access to patient records. Hospice contracts require that all contracted entities obtain criminal background checks and Office of Inspector General exclusion list check on contracted employees who have access to patient records.

Criminal background checks are obtained in accordance with state requirements. In the absence of state requirements, criminal background checks are obtained within three months of the date of employment for all states in which individual has lived or worked during the past three years.

The hospice has policies and procedures regarding special circumstances, if any, for hiring a person convicted of a crime. The policies and procedures include, but are not limited to:

- Documentation of special considerations
- Restrictions
- Additional supervision

Evidence: Written Policies and Procedures

Evidence: Personnel Files

**For Medicare-certified Hospices: The Hospice must comply with CFR 418.114(d), 418.114(d)(1) and 418.114(d)(2). See the Medicare Conditions of Participation for the full text of the regulation.**

Services applicable: HIC, HSP

---

**Standard HSP4-2I.01: Written personnel policies and procedures and/or an Employee Handbook are established and implemented describing the activities related to personnel management.**

Personnel policies and procedures and/or Employee Handbook include, but are not limited to:

- Wages
- Benefits
- Complaints and grievances
- Recruitment, hiring, and retention of personnel
- Disciplinary action/termination of employment
- Professional boundaries and conflict of interest
- Performance expectations and evaluations

Personnel policies and procedures and/or Employee Handbook are reviewed at least annually, updated as needed, and are in accordance with applicable law and regulations. Personnel policies and procedures show evidence of non-discriminatory practices.

Wages

Information is available on overtime, on-call, holiday pay, and exempt versus non-exempt status.

Benefits

An explanation of benefits is shared with all benefit-eligible personnel. Hospices, which provide no benefits to some categories of personnel, communicate this fact in writing to affected personnel. For example, the contract/agreement with personnel who are utilized on an "as needed" basis may address that benefits are not available to persons employed in that classification.



#### Grievances and Complaints

Written grievance information addresses options available to personnel who have work-related complaints, including steps involved in the grievance process.

#### Recruitment, Hiring and Retention of Personnel

Written policies and procedures are established and implemented on its recruitment, hiring, and retention of personnel which demonstrate non-discriminatory practices.

#### Disciplinary Action and Termination of Employment

Written policies and procedures are established and implemented regarding disciplinary action and termination of employment including time frames for probationary actions, conditions warranting termination, steps in the termination process, and appeal process.

#### Professional Boundaries

Written policies and procedures are established and implemented that define professional boundaries.

#### Conflict of Interest

Written policies and procedures are established and implemented that define a conflict of interest.

#### Performance Expectations and Evaluations

Written policies and procedures are established and implemented outlining general performance expectations of all personnel (e.g., dress code, professional conduct, etc.), along with the schedule for performance evaluations.

Written documentation is kept verifying that the employee has reviewed and has access to personnel policies and procedures.

Evidence: Written Policies and Procedures and/or Employee Handbook

Evidence: Observation

Evidence: Personnel Files

Services applicable: HIC, HSP

---

#### **Standard HSP4-2J.01: Written policies and procedures are established and implemented in regard to written annual performance evaluations being completed for all personnel based on specific job descriptions. The results of annual performance evaluations are shared with personnel.**

Written policies and procedures are established and implemented addressing individual performance evaluations for all personnel. These policies and procedures describe how performance evaluations are conducted, who conducts them, and when they are to be conducted. The policies and procedures also identify any deviations to their policy.

Personnel evaluations are completed, shared, reviewed and signed by the supervisor and employee on an annual basis.

Evidence: Written Policies and Procedures

Evidence: Personnel Files

Services applicable: HIC, HSP

---

#### **Standard HSP4-2K: Written policies and procedures are developed and implemented in regard to the requirement of all personnel to receive the COVID-19 vaccine. 418.60(d)(1-3)**

The hospice must develop and implement policies and procedures to ensure that all personnel are fully vaccinated for COVID19.

Regardless of clinical responsibility or patient contact, the policies and procedures must apply to the following hospice personnel, who provide any care, treatment, or other services for the hospice and/or its patients:

- Hospice employees.
- Licensed practitioners.
- Students, trainees, and volunteers; and
- Individuals who provide care, treatment, or other services for the hospice and/or its patients, under contract or by other arrangement.

The policies and procedures of 42 CFR 418.60(d) do not apply to the following hospice personnel:

- Personnel who exclusively provide telehealth or telemedicine services outside of the settings where hospice services are provided to patients and who do not have any direct contact with patients, patient families and caregivers, and other personnel specified in 42 CFR 418.60(d)(1); and
- Personnel who provide support services for the hospice that are performed exclusively outside of the settings where hospice services are provided to patients and who do not have any direct contact with patients, patient families and

caregivers, and other personnel specified in 42 CFR 418.60(d)(1).

The policies and procedures must include, at a minimum, the following components:

- A process for ensuring all personnel specified in 42 CFR 418.60(d)(1) (except for those personnel who have pending requests for, or who have been granted, exemptions to the vaccination requirements of 42 CFR 418.60(d), or those personnel for whom COVID-19 vaccination must be temporarily delayed, as recommended by CDC, due to clinical precautions and considerations) have received, at a minimum, a single-dose COVID-19 vaccine, or the first dose of the primary vaccination series for a multi-dose COVID-19 vaccine prior to personnel providing any care, treatment, or other services for the hospice and/or its patients.
- A process for ensuring that all personnel specified in 42 CFR 418.60(d)(1) are fully vaccinated, except for those personnel who have been granted exemptions to the vaccination requirements of 42 CFR 418.60(d), or those personnel for whom COVID-19 vaccination must be temporarily delayed, as recommended by the CDC, due to clinical precautions and considerations.
- A process for ensuring the implementation of additional precautions, intended to mitigate the transmission and spread of COVID-19, for all personnel who are not fully vaccinated for COVID-19.
- A process for tracking and securely documenting the COVID-19 vaccination status of all personnel specified in 42 CFR 418.60(d)(1).
- A process for tracking and securely documenting the COVID-19 vaccination status of any personnel who have obtained any booster doses as recommended by CDC.
- A process by which personnel may request an exemption from the personnel COVID-19 vaccination requirements based on an applicable federal law.
- A process for tracking and securely documenting information provided by those personnel who have requested, and for whom the hospice has granted, an exemption from the personnel COVID-19 vaccination requirements.
- A process for ensuring that all documentation, which confirms recognized clinical contraindications to COVID-19 vaccines, and which supports personnel requests for medical exemptions from vaccination, has been signed and dated by a licensed practitioner, who is not the individual requesting the exemption, and who is acting within their respective scope of practice as defined by, and in accordance with, all applicable state and local laws, and for further ensuring that such documentation contains:
  - All information specifying which of the authorized COVID-19 vaccines are clinically contraindicated for the personnel member to receive and the recognized clinical reasons for the contraindications; and
  - A statement by the authenticating practitioner recommending that the personnel member be exempted from the hospice's COVID-19 vaccination requirements for personnel based on the recognized clinical contraindications.
- A process for ensuring the tracking and secure documentation of the vaccination status of personnel for whom COVID-19 vaccination must be temporarily delayed, as recommended by the CDC, due to clinical precautions and considerations, including, but not limited to, individuals with acute illness secondary to COVID-19, and individuals who received monoclonal antibodies or convalescent plasma for COVID-19 treatment; and
- Contingency plans for personnel who are not fully vaccinated for COVID-19.

Evidence: Written Policies and Procedures

Evidence: Personnel Files

Evidence: Observation

Services applicable: HIC, HSP

---

**Standard HSP4-4A: Written policies and procedures are established and implemented that describe the orientation process. Documentation reflects that all personnel have received an orientation. (418.100(g)(1)) (L661) (418.100(g)(2)) (L662)**

Written policies and procedures are established and implemented, that include, but are not limited to:

- Review of the individual's job description and duties performed and their role in the organization
- Organizational chart
- Hospice philosophy
- Record keeping and reporting
- Confidentiality and privacy of Protected Health Information
- Patient rights
- Advance Directives
- Conflicts of interest
- Written policies and procedures
- Emergency Plan
- Training specific to job requirements
- Additional training for special populations, if applicable (e.g., pediatrics)
- Cultural diversity
- Communication barriers
- Ethical issues
- Professional boundaries
- Quality Assessment and Performance Improvement plan (QAPI)

- Compliance Program
- Conveying of charges for care/service
- OSHA requirements, safety and infection control
- Orientation to equipment, if applicable as outlined in job description
- Incident/variance reporting
- Handling of patient complaints/grievances
- Concepts of death and dying and bereavement
- Support for psychosocial and spiritual issues
- Pain and symptom management
- Diseases and medical conditions common to hospice
- Stress management

The hospice creates and completes a checklist or other method to verify that the topics have been reviewed with all personnel.

Evidence: Written Policies and Procedures

Evidence: Personnel Files

Evidence: Response to Interviews

**For Medicare-certified Hospices: The Hospice must comply with CFR 418.100(g)(1) and 418.100(g)(2). See the Medicare Conditions of Participation for the full text of the regulation.**

Services applicable: HIC, HSP

---

**Standard HSP4-4A.01: The hospice designates an individual who is responsible for conducting orientation activities.**

The hospice designates an individual to coordinate the orientation activities ensuring that instruction is provided by qualified personnel.

Evidence: Observation

Services applicable: HIC, HSP

---

**Standard HSP4-4B: The hospice, in coordination with the Skilled Nursing facility (SNF)/Nursing facility (NF) or Intermediate Care facility for individuals with intellectual disabilities (ICF/IID) ensures orientation to personnel of a facility regarding the policies and procedures of the provision of hospice care/service. (418.112(f)) (L782)**

Hospice personnel, in coordination with SNF/NF or ICF/IID facility personnel, must ensure orientation of such staff furnishing care to hospice patients in the hospice philosophy, including hospice policies and procedures regarding methods of comfort, pain control, symptom management, as well as, principles about death and dying, individual responses to death, patient rights, appropriate forms, and record-keeping requirements.

Evidence: Training logs/Files

Evidence: Response to Interviews

**For Medicare-certified Hospices: The Hospice must comply with CFR 418.112(f). See the Medicare Conditions of Participation for the full text of the regulation.**

Services applicable: HIC, HSP

---

**Standard HSP4-5B.01: Written policies and procedures are established and implemented relating to special education, experience or certification requirements for nursing personnel to administer pharmaceuticals and/or perform special treatments.**

Written policies and procedures define any special education, experience, or licensure/certification requirements necessary for nursing personnel to administer pharmaceuticals and/or perform special treatments.

Personnel files contain documentation of completion of all special education, experience, or licensure/certification requirements. Qualifications may vary based upon state's Board of Nursing requirements for Licensed Practical Nurses and Registered Nurses.

Evidence: Written Policies and Procedures

Evidence: Personnel Files

Services applicable: HIC, HSP

---

**Standard HSP4-5B.02: Written policies and procedures are established and implemented that define utilization purposes and personnel training requirements for using waived tests.**

The hospice identifies which personnel may perform waived testing and conducts and documents appropriate training for these individuals.

Evidence: Written Policies and Procedures

Evidence: Training Logs/Files

Services applicable: HIC, HSP

---

**Standard HSP4-6A: Written policies and procedures are established and implemented defining the number of hours of in-service or continuing education required for each Hospice Aide and supervision requirements of the education. (418.76(d)) (L620) (418.76(d)(1)) (L621) (418.76(d)(2)) (L622) (418.76(e)) (L623)**

A hospice aide must receive at least 12 hours of in-service training during each 12-month period. In-service training may occur while an aide is furnishing care to a patient.

In-service training for Hospice Aides may be offered by any organization, and must be supervised by a Registered Nurse. The hospice must maintain documentation that demonstrates the requirements of 42 CFR 418.76(d) are met.

Classroom and supervised practical training must be performed by a Registered Nurse who possesses a minimum of 2 years nursing experience, at least 1 year of which must be in home care, or by other individuals under the general supervision of a Registered Nurse.

The hospice must maintain a written description of the in-service training provided during the previous 12 months.

Evidence: Written Policies and Procedures

Evidence: Personnel Files and/or Training Logs/Files

Evidence: Response to Interviews

Evidence: Observation

**For Medicare-certified Hospices: The Hospice must comply with CFR 418.76(d), 418.76(d)(1), 418.76(d)(2) and 418.76(e). See the Medicare Conditions of Participation for the full text of the regulation.**

Services applicable: HIC, HSP

---

**Standard HSP4-6A.01: A written education plan is developed and implemented that defines the content, frequency of evaluations and amount of ongoing in-service training for each classification of personnel.**

The education plan includes training provided during orientation as well as ongoing in-service education. Hospices provide this training directly or arrange for personnel to attend sessions offered by outside sources.

The ongoing education plan is a written document that outlines the education to be offered for personnel throughout the year. The plan is based on reliable and valid assessment of needs relevant to individual job responsibilities. Education activities also include a variety of methods for providing personnel with current relevant information to assist with their learning needs. These methods include provision of journals, reference materials, books, internet learning, in-house lectures and demonstrations, and access to external learning opportunities.

Non-direct-care personnel have a minimum of 8 hours of ongoing education per year. Direct care personnel must have a minimum of 12 hours of ongoing education during each 12-month period.

The hospice has an ongoing education plan that annually addresses, but is not limited to:

- How to handle complaints/grievances
- Infection control training
- Cultural diversity
- Communication barriers
- Ethics training
- Workplace (OSHA), patient safety and components of HSP7-2A.01
- Methods for coping with work related issues of grief, loss and change
- Patient Right and Responsibilities
- Compliance Program
- Pain and symptom management

There is written documentation confirming attendance at ongoing education programs.

Evidence: Written Policies and Procedures  
Evidence: Personnel Files

Services applicable: HIC, HSP

---

**Standard HSP4-6B: Hospices that conduct Hospice Aide training program, must meet all of the requirements of the Medicare Conditions of Participation. (418.76(b)(1)) (L611) (418.76(b)(2)) (L612) (418.76(b)(3)(i-xiii)) (L613) (418.76(b)(4)) (L614)**

The hospice ensures that Hospice Aide Training consists of the following:

Hospice aide training must include classroom and supervised practical training in a practicum laboratory or other setting in which the trainee demonstrates knowledge while performing tasks on an individual under the direct supervision of a Registered Nurse, or a Licensed Practical Nurse, who is under the supervision of a Registered Nurse. Classroom and supervised practical training combined must total at least 75 hours. A minimum of 16 hours of classroom training must precede a minimum of 16 hours of supervised practical training as part of the 75 hours.

A hospice aide training program must address each of the following subject areas:

- Communication skills, including the ability to read, write, and verbally report clinical information to patients, care givers, and other hospice staff
- Observation, reporting, and documentation of patient status and the care or service furnished
- Reading and recording temperature, pulse, and respiration
- Basic infection control procedures
- Basic elements of body functioning and changes in body function that must be reported to an aide's supervisor.
- Maintenance of a clean, safe, and healthy environment.
- Recognizing emergencies and the knowledge of emergency procedures and their application
- The physical, emotional, and developmental needs of and ways to work with the populations served by the hospice, including the need for respect for the patient, his or her privacy, and his or her property
- Appropriate and safe techniques in performing personal hygiene and grooming tasks, including items on the following basic checklist:
  - Bed bath
  - Sponge, tub, and shower bath
  - Hair shampoo (sink, tub, and bed)
  - Nail and skin care
  - Oral hygiene
  - Toileting and elimination
- Safe transfer techniques and ambulation
- Normal range of motion and positioning
- Adequate nutrition and fluid intake
- Any other task that the hospice may choose to have an aide perform. The hospice is responsible for training hospice aides, as needed, for skills not covered in the basic checklist, as described in paragraph (b)(3)(ix) of this section

The hospice must maintain documentation that demonstrates that the requirements of this standard are met.

Evidence: Written Policies and Procedures

**For Medicare-certified Hospices: The Hospice must comply with CFR 418.76(b)(1), 418.76(b)(2), 418.76(b)(3)(i), 418.76(b)(3)(ii), 418.76(b)(3)(iii), 418.76(b)(3)(iv), 418.76(b)(3)(x), 418.76(b)(3)(xi), 418.76(b)(3)(xii), 418.76(b)(3)(xiii) and 418.76(b)(4). See the Medicare Conditions of Participation for the full text of the regulation.**

Services applicable: HIC, HSP

---

**Standard HSP4-7A: Written policies and procedures are established and implemented which describe the method for assessing the skills and competency of all individuals furnishing care, including volunteers furnishing services and, as necessary, provide in-service training and education programs where required. All personnel receive training and/or education and competently perform the required patient care/service activities prior to being assigned to work independently. The hospice maintains a written description of the in-service training provided during the previous 12 months. (418.100(g)(3)) (L663)**

**Knowledge and skills can be acquired through a variety of methods such as classroom instruction, on-the-job observation and demonstration, self-instruction, internships, etc. The focus and type of training is directly related to the goals of the personnel and/or the hospice.**

Written policies and procedures define the minimum education and training, licensure, certification, experience, and the minimum competencies, required for each service/care offered, as well as the method for documenting that personnel have received the

required training (e.g., certificates, diplomas, etc.).

The hospice designs and implements a competency assessment program based on the care/service provided. Competency assessment is an ongoing process and focuses on the primary care/service being provided. Competency assessment is conducted initially during orientation and annually thereafter. Validation of skills is specific to the personnel's role and job responsibilities.

Policies and procedures for determining that personnel are competent to provide quality care/service are in place and may be accomplished through clinical observation, skills lab review, supervisory visits, knowledge-based tests, situational analysis/case studies, and self-assessment.

All competency assessments and training are documented. The hospice must have written policies and procedures describing its method(s) of assessment of competency and maintain a written description of the in-service training provided during the previous 12 months. A self-assessment tool alone is not acceptable. Peer review of clinical personnel competency by like disciplines is acceptable if defined by the hospice. There is a plan in place for addressing performance and education of personnel when they do not meet competency requirements.

Evidence: Written Policies and Procedures

Evidence: Competency Assessments

Evidence: Response to Interviews

**For Medicare-certified Hospices: The Hospice must comply with CFR 418.100(g)(3). See the Medicare Conditions of Participation for the full text of the regulation.**

Services applicable: HIC, HSP

---

**Standard HSP4-7B: Hospice aides are trained and/or demonstrate competence to perform any new tasks/procedures prior to performing those tasks independently. Hospice aides are not allowed to perform any task for which they were evaluated as unsatisfactory. (418.76(c)(4))(L618) (418.76(c)(5))(L619)**

A hospice aide is not considered competent in any task for which he or she is evaluated as unsatisfactory. A hospice aide must not perform that task without direct supervision by a Registered Nurse until after he or she has received training in the task for which he or she was evaluated as "unsatisfactory", and successfully completes a subsequent evaluation. A hospice aide is not considered to have successfully completed a competency evaluation if the aide has an "unsatisfactory", rating in more than one of the required areas.

A qualified Registered Nurse determines if a hospice aide is competent in all required skills.

The hospice must maintain documentation that demonstrates the requirements of this standard are being met.

Evidence: Personnel Files

**For Medicare-certified Hospices: The Hospice must comply with CFR 418.76(c)(4) and 418.76(c)(5). See the Medicare Conditions of Participation for the full text of the regulation.**

Services applicable: HIC, HSP

---

**Standard HSP4-7C: For hospices that conduct an Aide Hospice competency evaluation program, the hospice meets all of the requirements of the Medicare Conditions of Participation. (418.76(c)) (418.76(c)(1)) (L615) 418.76(c)(3)) (L617)**

The competency evaluation program includes, but is not limited to:

- Communications skills including the ability to read, write, and verbally report clinical information to patients, caregivers, and other hospice staff.
- Observation, reporting, and documentation of patient status and the care or service furnished
- Reading and recording temperature, pulse, and respiration
- Basic infection control procedures
- Basic elements of body functioning and changes in body function that must be reported to an aide's supervisor
- Maintenance of a clean, safe, and healthy environment
- Recognizing emergencies and knowledge of emergency procedures and their application
- The physical, emotional, and developmental needs of and ways to work with the populations served by the hospice, including the need for respect for the patient, his or her privacy, and his or her property
- Appropriate and safe techniques in personal hygiene and grooming that include:
  - Bed bath
  - Sponge, tub, and shower bath
  - Shampoo, sink, tub, and bed
  - Nail and skin care

- Oral hygiene
- Toileting and elimination
- Safe transfer techniques and ambulation
- Normal range of motion and positioning
- Adequate nutrition and fluid intake
- Any other task that the hospice may choose to have an aide perform, the hospice is responsible for training hospice aides, as needed, for skills not covered in the basic checklist, as described in 42 CFR 418.76(b)(3)(ix) of this section

The competency evaluation must address each of the subjects listed in 42 CFR 418.76 (b)(3). Subject areas specified under 42 CFR 418.76(b)(3)(i), (iii), (ix), (x), and (xi) must be evaluated by observing an aide's performance of the task with patient or pseudo-patient. The remaining subject areas may be evaluated through written examination, oral examination, or after observation of a Hospice Aide with a patient or with a pseudo-patient as part of a simulation.

These following competencies from 42 CFR 418.76(3)(b) must be evaluated while the aide is performing the tasks with a patient or pseudo-patient:

- Communication skills, including the ability to read, write, and verbally report clinical information to patients, caregivers, and other hospice staff. (42 CFR 418.76(b)(3)(i))
- Reading and recording temperature, pulse, and respiration (42 CFR 418.76(b)(3)(iii))
- Safe transfer techniques and ambulation. (42 CFR 418.76(b)(3)(ix))
- Normal range of motion and positioning (42 CFR 418.76(b)(3)(x))
- Appropriate and safe techniques in personal hygiene and grooming that include—(42 CFR 418.76(b)(3)(xi))
  - Bed bath
  - Sponge, tub, and shower bath
  - Shampoo, sink, tub, and bed
  - Nail and skin care
  - Oral hygiene
  - Toileting and elimination

The competency evaluation must be performed by a Registered Nurse in consultation with other skilled professionals, as appropriate.

This standard applies to all Hospice Aides providing care/service who are directly employed by the hospice or through a contractual agreement.

The hospice must maintain documentation that demonstrates the requirements of this standard are being met.

Evidence: Aide Competency Program

Evidence: Observation

Evidence: Personnel Files

**For Medicare-certified Hospices: The Hospice must comply with CFR 418.76(c), 418.76(c)(1) and 418.76(c)(3). See the Medicare Conditions of Participation for the full text of the regulation.**

Services applicable: HIC, HSP

**Standard HSP4-8A: A hospice Aide competency evaluation program may be offered by any organization except by a home health agency that, within the previous two years, has been found out of compliance with the Medicare Conditions of Participation. (418.76(c)(2)) (L616) (418.76(f)) (418.76(f)(1-7)) (L624)**

A hospice Aide competency program may be offered by any organization except for a home health agency that, within the previous two years, has been found:

- Out of compliance with requirements of 42 CFR 484.36(a) and 42 CFR 484.36(b)
- Permitted an individual that does not meet the definition of a qualified "Home Health Aide" as specified in 42 CFR 484.36 (a) to furnish home health aide services (with the exception of licensed health professionals and volunteers);
- Has been subject to an extended (or partial extended) survey as a result of having been found to have furnished substandard care (or for other reasons at the discretion of CMS or the state);
- Has been assessed a civil monetary penalty of not less than \$5,000 as an intermediate sanction;
- Has been found to have compliance deficiencies that endanger the health and safety of the Home health's patients and has had a temporary management appointed to oversee the management of the Home Health Agency
- Has had all or part of its Medicare payments suspended

- Had been found by CMS or the state under federal or state law to have:
  - Had its participation in the Medicare program terminated
  - Been assessed a penalty of not less than \$5,000 for deficiencies in federal or state standards for Home Health agencies
  - Been subject to a suspension of Medicare payments to which it otherwise would have been entitled
  - Operated under a temporary management that was appointed to oversee the operation of the Home Health agency and to ensure the health and safety of the Home Health agency's patients
  - Been closed by CMS or state or had its residents transferred by the state

Evidence: Observation

**For Medicare-certified Hospices: The Hospice must comply with CFR 418.76(c)(2), 418.76(f), 418.76(f)(1), 418.76(f)(2), 418.76(f)(3), 418.76(f)(4), 418.76(f)(5), 418.76(f)(6) and 418.76(f)(7). See the Medicare Conditions of Participation for the full text of the regulation.**

Services applicable: HIC, HSP

**Standard HSP4-9A: The Hospice inpatient facility personnel are properly trained and able to demonstrate competency in providing care for a patient in restraints or seclusion. (418.110(o)) (L753) (418.110(o)(1)(i-iii)) (L754) (418.110(o)(2)(i-vii)) (L755) (418.110(o)(3) (L756) (418.110(o)(4)) (L757)**

All patient care personnel working in the hospice inpatient facility must be trained and able to demonstrate competency in the application of restraints, implementation of seclusion, monitoring, assessment, and providing care for a patient in restraint or seclusion:

- Before performing any of the actions specified in this 42 CFR 418.110(o)(1)
- As part of orientation
- Subsequently on a periodic basis consistent with hospice policy, at a minimum annually

The hospice requires appropriate personnel to have education, training, and demonstrated knowledge based on the specific needs of the patient population, which includes, but is not limited to:

- Techniques to identify staff and patient behaviors, events, and environmental factors that may trigger circumstances that require the use of a restraint or seclusion
- The use of nonphysical intervention skills
- Choosing the least restrictive intervention based on an individualized assessment of the patient's current status
- The safe application and use of all types of restraint or seclusion used in the hospice, including training in how to recognize and respond to signs of physical and psychological distress
- Clinical identification of specific behavioral changes that indicate that restraint or seclusion is no longer necessary
- Monitoring the physical and psychological well-being of the patient who is restrained or secluded, includes but is not limited to:
  - Respiratory and circulatory status
  - Skin integrity
  - Vital signs
  - Any special requirements specified by hospice policy associated with the 1-hour face-to-face evaluation
- The use of first aid techniques and the use of cardiopulmonary resuscitation, including required periodic recertification

Individuals providing staff training must be qualified as evidenced by education, training, and experience in techniques used to address patient's behaviors. The hospice must document in the personnel files that the training and demonstration of competency were successfully completed.

Evidence: Personnel Files

**For Medicare-certified Hospices: The Hospice must comply with CFR 418.110(o), 418.110(o)(1), 418.110(o)(1)(i), 418.110(o)(1)(ii), 418.110(o)(1)(iii), 418.110(o)(2), 418.110(o)(2)(i), 418.110(o)(2)(ii), 418.110(o)(2)(iii), 418.110(o)(2)(iv), 418.110(o)(2)(v), 418.110(o)(2)(vi), 418.110(o)(2)(vii), 418.110(o)(3) and 418.110(o)(4). See the Medicare Conditions of Participation for the full text of the regulation.**

Services applicable: HIC



---

**Standard HSP4-10A.03: Written policies and procedures are established and implemented in regard to the observation and evaluation of direct care personnel performing their job duties by qualified personnel prior to providing care independently and at least annually and/or in accordance with state or federal regulations.**

Qualified personnel observe and evaluate each direct care/service personnel performing their job duties at frequencies required by state or federal regulations. If no regulation exists, the evaluation is performed at least once annually to assess that quality care/service is being provided. Written policies and procedures define the evaluation criteria. This activity may be performed as part of a supervisory visit and is included as part of the personnel record.

All direct care personnel must be observed providing care within their scope of practice by a qualified clinician/or appropriate supervisor.

Evidence: Written Policies and Procedures

Evidence: Personnel Files

Services applicable: HIC, HSP

---

**Standard HSP4-11A: The hospice designates a physician to serve as Medical Director. Written policies and procedures, job descriptions and/or contracts are established and implemented that define the Medical Director's role, services and responsibilities. The Medical Director is a doctor of medicine or osteopathy legally authorized to practice medicine and surgery by the state in which they perform that function or action and who is an employee, or is under contract with the hospice. When the medical director is not available, a physician designated by the hospice assumes the same responsibilities and obligations as the Medical Director. (418.102) (L664) (L665) (418.102(a)) (418.102(a)(1)(i-ii)) (L666) (418.102(d)) (L669)**

Written policies and procedures define the role of the Medical Director and the designee that include, but are not limited to:

- Responsibility for the medical component of the Hospice's patient care program
- Acts as a role model and provides consultation for attending physicians
- Reviews patient eligibility for services, including admission and re-certification
- Serves on the interdisciplinary group as a medical resource
- Acts as a liaison in the community
- Assists with the development and review of policies and procedures for clinical care, emergency care and medical research
- Attends interdisciplinary group meetings
- Assists with continuing education programs
- Performs home visits and patient assessment and interventions as requested by the interdisciplinary group
- Provides consultation for palliative and end-of-life care issues
- Assists with quality improvement as appropriate

Medical Directors practice in the states they are currently licensed to prescribe pharmaceuticals and medical treatments and are knowledgeable about the psychosocial and medical aspects of hospice care.

All physicians function under the supervision of the hospice Medical Director. All physicians meet this requirement by either providing the services directly or through coordinating patient care with the attending physician.

The hospice may contract to fulfill the role of Medical Director with either of the following:

- A self-employed physician
- A physician employed by a professional entity or physicians group

When contracting for medical director services, the contract specifies the physician who assumes the Medical Director responsibilities and obligations. If the attending physician is unavailable, the medical director, contracted physician, and/or hospice physician employee is responsible for meeting the medical needs of the patient.

The hospice Medical Director and/or designee in conjunction with the patient's attending physician are responsible for the palliation and management of the terminal illness and conditions related to the terminal illness.

Evidence: Written Policies and Procedures

Evidence: Observation

**For Medicare-certified Hospices: The Hospice must comply with CFR 418.102, 418.102(a), 418.102(a)(1)(i), 418.102(a)(1)(ii) and 418.102(d). See the Medicare Conditions of Participation for the full text of the regulation.**

Services applicable: HIC, HSP

---

**Standard HSP4-11B: Nursing Services are provided by a qualified RN, or LPN/LVN in accordance with the state's Nurse Practice Act and the hospice's policies and procedures and/or job descriptions. (418.114(c)) (L793) (418.114(c)(2)) (L794)**

Nursing Services are provided by a qualified RN, or LPN/LVN and function in accordance with the state's Nurse Practice Act, the hospice's policies and procedures and/or job descriptions and the ACHC Glossary of Personnel Qualifications as defined by the Medicare Conditions of Participation.

Current copies of applicable rules/regulations and the state's Nurse Practice Act are available to nursing personnel.

If state law permits Registered Nurses to see, treat, and write orders for patients, then Registered Nurses may provide services to beneficiaries receiving hospice care.

Evidence: Observation

**For Medicare-certified Hospices: The Hospice must comply with CFR 418.114(c) and 418.114(c)(2). See the Medicare Conditions of Participation for the full text of the regulation.**

Services applicable: HIC, HSP

---

**Standard HSP4-11C.01: Licensed Practical/Vocational Nurses (LPN/LVN) are supervised by a Registered Nurse in accordance with organizational policies and procedures and the state Board of Nursing.**

LPNs/LVNs may be utilized to execute routine nursing interventions and other duties in accordance with the interdisciplinary group plan of care and their scope of practice. The hospice's written policies and procedures address the specific duties assigned.

The hospice follows their state Board of Nursing regulations, LPN/LVN Scope of Practice and policies and procedures that demonstrate supervision of care provided by LPNs/LVNs.

The policies and procedures identify the method and frequency for assessing LPNs/LVNs practice to ensure that patient care needs are met.

Supervisory activities include, but are not limited to:

- A visit to the patient's home by the RN, with or without the LPN/LVN present at least every 60 days
- Patient record reviews, conferences, ongoing communication
- Collaborative care planning
- Specific assignments made by the Registered Nurse for the Licensed Practical Nurse

Supervisory visits are documented in the patient record.

Evidence: Written Policies and Procedures

Evidence: Patient Records

Evidence: Response to Interviews

Evidence: Observation

Services applicable: HIC, HSP

---

**Standard HSP4-11D: All Medical Social Services are provided by a qualified Medical Social Worker in accordance with the state's Social Work Practice Act, the hospice's policies and procedures and/or job descriptions. (418.114(b)(3)) (L787)**

Social Workers function in accordance with the state's Social Work Practice Act and according to the hospice's policies and procedures and/or job descriptions and ACHC Glossary of Personnel Qualifications as defined by the Medicare Conditions of Participation.

The Social Worker assists the physician and other team members in understanding the social and emotional factors related to health problems. The Social Worker participates in the development of the plan of care, prepares clinical and progress notes, works with the family, uses community resources, participates in discharge planning and with in-service programs and acts as a consultant to other agency personnel.

Current copies of applicable rules and regulations, Code of Ethics, and Social Work Practice Act are available to social work personnel.

Evidence: Personnel Files

**For Medicare-certified Hospices: The Hospice must comply with CFR 418.114(b)(3). See the Medicare Conditions of Participation for the full text of the regulation.**

Services applicable: HIC, HSP

---

**Standard HSP4-11D.01: Bachelor prepared Social Workers (BSW) must be supervised by a Masters prepared Medical Social Worker (MSW).**

MSW serves as an active advisor, consulting with the BSW on assessing the needs of patients and families, developing and updating the social work portion of the plan of care and delivering care to patient and families. This supervision may occur in person, over the telephone, through electronic communication, or any combination thereof.

Supervision must occur on a regular basis, based on the needs of the patient and skills of the BSW.

Evidence: Written Policies and Procedures

Evidence: Observation

Services applicable: HIC, HSP

---

**Standard HSP4-11E: All Physical Therapy Services are provided by a qualified licensed Physical Therapist (PT) or Physical Therapist Assistant (PTA) in accordance with the state's Physical Therapy Practice Act and the hospice's policies and procedures and/or job descriptions. (418.114(b)(7)) (418.114(b)(7)(i-vii)) (L791) (418.114(b)(8)(i-ii)) (L792)**

Physical Therapy Services are provided by a qualified licensed Physical Therapist (PT) or Physical Therapist Assistant (PTA) in accordance with the appropriate state's Physical Therapy Practice Act, the hospice's policies and procedures and/or job descriptions and the ACHC Glossary of Personnel Qualifications as defined by the Medicare Conditions of Participation.

Current copies of applicable rules and regulations, the state's Physical Therapy Practice Act are available to physical therapy personnel.

Evidence: Personnel Files

**For Medicare-certified Hospices: The Hospice must comply with CFR 418.114(b)(7), 418.114(b)(7)(i), 418.114(b)(7)(ii), 418.114(b)(7)(iii), 418.114(b)(7)(iv), 418.114(b)(7)(v), 418.114(b)(7)(vi), 418.114(b)(7)(vii), 418.114(b)(8)(i) and 418.114(b)(8)(ii). See the Medicare Conditions of Participation for the full text of the regulation.**

Services applicable: HIC, HSP

---

**Standard HSP4-11F.01: Written policies and procedures are established and implemented in regard to the supervision of Physical Therapy Assistants (PTA) by a licensed Physical Therapist (PT).**

Written policies and procedures are established and implemented that outline the supervision of care/service provided by a licensed Physical Therapist Assistant (PTA). The process includes a procedure for assessing PTA practice and a method for assuring that patient needs are met.

Supervision includes:

- A visit to the patient's home by the PT, with or without the PTA present, at least every 60 days, unless state laws requires more frequently
- Regularly scheduled patient record review
- Conferences

Evidence: Written Policies and Procedures

Evidence: Patient Records

Services applicable: HIC, HSP

---

**Standard HSP4-11G: All Occupational Therapy Services are provided by a qualified licensed Occupational Therapist (OT) or Certified Occupational Therapy Assistant (COTA) in accordance with the state's Occupational Therapy Practice Act, the hospice's policies and procedures and/or job descriptions. (418.114(b)(5)) (418.114(b)(5)(i)(A-C)) (418.114(b)(5)(ii)(A)) (418.114(b)(5)(ii)(B)(1-2)) (418.114(b)(5)(iii)(A-B)) (418.114(b)(5)(iv)(A-B)) (418.114(b)(5)(v)(A)(1)) (418.114(b)(5)(v)(A)(1)(i-v)) (418.114(b)(5)(v)(A)(2)) (L789) (418.114(b)(6)(i-v)) (L790)**

Occupational Therapy Services are provided by a qualified licensed OT or COTA in accordance with the appropriate state's Occupational Therapy Practice Act, the hospice's policies and procedures and/or job descriptions and the ACHC Glossary of Personnel Qualifications as defined by the Medicare Conditions of Participation.

Current copies of applicable rules and regulations, the state's Occupational Therapy Practice Act, are available to therapy personnel.

Evidence: Personnel Files

**For Medicare-certified Hospices: The Hospice must comply with CFR 418.114(b)(5) and 418.114(b)(6). See the Medicare Conditions of Participation for the full text of the regulation.**

Services applicable: HIC, HSP

---

**Standard HSP4-11G.01: Written policies and procedures are established and implemented in regard to the supervision of Certified Occupational Therapy Assistants (COTA) by a licensed Occupational Therapist (OT).**

Written policies and procedures are established and implemented that outline the supervision of care provided by licensed Certified Occupational Therapist Assistant (COTA). The process includes a procedure for accessing COTA practice and a method for assuring that patient needs are met.

Supervision includes:

- A visit to the patient's home by the OT, with or without the COTA present, at least every 60 days, unless state laws requires more frequently
- Regularly scheduled patient record reviews
- Conferences

Evidence: Written Policies and Procedures

Evidence: Patient Records

Services applicable: HIC, HSP

---

**Standard HSP4-11H: All Speech Therapy Services are provided by a qualified licensed Speech-Language Pathologist (SLP) or Audiologist in accordance with the state's Speech-Language Pathology Practice Act, the hospice's policies and procedures and/or job descriptions. (418.114(b)(4)(i-ii)) (L788)**

Speech Therapy Services are provided by a qualified licensed Speech-Language Pathologist (SLP) or Audiologist in accordance with the appropriate state's Speech-Language Pathology Practice Act, the hospice's policies and procedures and/or job descriptions and the ACHC Glossary of Personnel Qualifications as defined by the Medicare Conditions of Participation.

Current copies of applicable rules and regulations, the state's Speech-Language Pathology Practice Act are available to therapy personnel.

Evidence: Personnel

**For Medicare-certified Hospices: The Hospice must comply with CFR 418.114(b)(4)(i) and 418.114(b)(4)(ii). See the Medicare Conditions of Participation for the full text of the regulation.**

Services applicable: HIC, HSP

---

**Standard HSP4-11I: The Hospice bereavement services are provided by qualified personnel in accordance with applicable laws, regulations and recognized professional practice standards. (418.64(d)(1)(i)) (L596)**

All bereavement services are provided by a qualified counselor in accordance with applicable laws and regulations, professional practice standards, the hospice's policies and procedures and/or job descriptions.

Hospice bereavement personnel such as: chaplains, social workers, counselors, other mental health professionals, and bereavement volunteers are trained specifically in grief and loss issues. Volunteers who provide bereavement services are supervised by a professional/licensed staff member.

Hospice programs have a bereavement coordinator that assures the continuity of bereavement care provided prior to and after the patient's death.

Evidence: Personnel

**For Medicare-certified Hospices: The Hospice must comply with CFR 418.64(d)(1)(i). See the Medicare Conditions of Participation for the full text of the regulation.**

Services applicable: HIC, HSP

---

**Standard HSP4-11J.01: A qualified individual provides all spiritual care services.**

Spiritual care is provided by qualified individuals in accordance with professional standards and according to the hospice's job description. Individuals providing spiritual care understand and are knowledgeable of the hospice philosophy of care, spiritual needs related to end-of-life care, loss, and bereavement. Spiritual care may be provided by chaplains, local clergy, volunteers, and other specifically trained personnel.

Evidence: Personnel Files

Services applicable: HIC, HSP

---

**Standard HSP4-11K: Nutritional counseling services are provided by qualified personnel in accordance with applicable laws, regulations and recognized professional practice standards. (418.64(d)(2)) (L597)**

Individuals providing nutritional and dietary assessments and counseling function in accordance with professional standards, the state's practice act and board requirements, and according to the hospice's policies and procedures, job description and/or contract.

If the needs of the patient exceed the expertise of the nurse, the hospice must have available an appropriately trained and qualified individual such as a Registered Dietitian or Nutritionist to meet the patient dietary needs.

Evidence: Personnel Files

**For Medicare-certified Hospices: The Hospice must comply with CFR 418.64(d)(2). See the Medicare Conditions of Participation for the full text of the regulation.**

Services applicable: HIC, HSP

---

**Standard HSP4-11L: Written policies and procedures are established and implemented that define the minimum personnel qualifications, experience and educational requirements for each level of aide services, as well as the tasks that can be performed at each level. Hospice Aide Services are provided by qualified personnel in accordance with the state's occupational certification regulations, where applicable, federal regulations and the hospice's policies and procedures and/or job descriptions. (418.76) (L607) (L608) (418.76(a)(1)(i-iv)) (L609) (418.76(a)(2)) (610)**

Hospice Aide Services are provided by a qualified individual in accordance with the appropriate state's regulations, the hospice's policies and procedures and/or job descriptions and the ACHC Glossary of Personnel Qualifications as defined by the Medicare Conditions of Participation.

A qualified hospice aide is a person who has successfully completed one of the following:

- A training program and competency evaluation as specified in 42 CFR 418.76(b) and 418.76(c)
- A competency evaluation program that meets the requirements of 42 CFR 418.76(c)
- A nurse aide training and competency evaluation program approved by the state as meeting the requirements of 42 CFR 483.151 through 42 CFR 483.154 and is currently listed in good standing on the state nurse aide registry
- A state licensure program

A hospice aide is not considered to have completed a program, as specified in 42 CFR 418.76 (a)(1), if, since the individual's most recent completion of the program(s), there has been a continuous period of 24 consecutive months during which none of the services furnished by the individual as described in 42 CFR 409.40 were for compensation. If there has been a 24-month lapse in furnishing services, the individual must complete another program, as specified in 42 CFR 418.76 (a)(1) before providing services.

Evidence: Written Policies and Procedures

Evidence: Personnel Files

**For Medicare-certified Hospices: The Hospice must comply with CFR 418.76, 418.76(a)(1)(i), 418.76(a)(1)(ii), 418.76(a)(1)(iii), 418.76(a)(1)(iv) and 418.76(a)(2). See the Medicare Conditions of Participation for the full text of the regulation.**

Services applicable: HIC, HSP

---

**Standard HSP4-11M: Individuals furnishing Medicaid personal care aide-only services under a Medicaid personal care benefit are qualified in accordance with the federal/state regulations, where applicable, the hospice's policies and**

**procedures and/or job descriptions. An individual may furnish personal care services, as defined in 42 CFR 440.167 of 42 CFR 418.76, on behalf of a hospice agency. (418.76(i)) (418.76(i)(1)) (L634) (418.76(i)(2)) (L635) (418.76(i)(3)) (L636)**

Individual's providing Medicaid personal care services are provided by a qualified individual in accordance with the appropriate state's regulations, policies and procedures and/or job descriptions.

A qualified individual is a person who:

- Before the individual may furnish personal care services, the individual must be found competent by the state (if regulated by the state) to furnish those services. The individual only needs to demonstrate competency in the services the individual is required to furnish

Services under the Medicaid personal care benefit may be used to the extent that the hospice would routinely use the services of a hospice patient's family in implementing a patient's plan of care.

The hospice must coordinate its hospice aide and homemaker services with the Medicaid personal care benefit to ensure the patient receives the hospice aide and homemaker services he or she needs.

Evidence: Written Policies and Procedures

Evidence: Personnel Records

Evidence: Observation

**For Medicare-certified Hospices: The Hospice must comply with CFR 418.76(i), 418.76(i)(1), 418.76(i)(2) and 418.76(i)(3). See the Medicare Conditions of Participation for the full text of the regulation.**

Services applicable: HIC, HSP

---

**Standard HSP4-11N: Hospice Homemaker Services are provided by qualified personnel in accordance with the state's occupational certification regulations, where applicable, federal regulations and the hospice's policies and procedures and/or job descriptions. (418.76) (L607) (L608) (418.76(j)(1-2)) (L637)**

Hospice Homemaker Services are provided by a qualified individual in accordance with the appropriate federal/state regulations and the hospice's policies and procedures and/or job descriptions.

A qualified homemaker is:

- An individual who meets the standards in 42 CFR 418.202(g) and has successfully completed hospice orientation addressing the needs and concerns of patients and families coping with a terminal illness; or
- A hospice aide as described in 42 CFR 418.76

Evidence: Written Policies and Procedures and/or Job Description

Evidence: Personnel Files

**For Medicare-certified Hospices: The Hospice must comply with CFR 418.76, 418.76(j)(1) and 418.76(j)(2). See the Medicare Conditions of Participation for the full text of the regulation.**

Services applicable: HIC, HSP

---

**Standard HSP4-11O: Hospice Volunteer Services are supervised by a qualified designated Hospice employee. (418.78) (L641) (L642)**

The hospice designates a volunteer coordinator who is responsible for recruiting, training, selecting, supervising, and retaining volunteers. The supervisor of volunteer services is provided by a qualified individual in accordance with the hospice's policies and procedures and/or job description.

Supervision activities include: joint home visits, observations made when the volunteer is providing services to hospice, verification of contact notes and clinical record documentation, observations of communications and involvement with the interdisciplinary group, and evaluations of the volunteer's performance.

Evidence: Written Policies and Procedures and/or Job Description

Evidence: Personnel Files

Evidence: Observation

**For Medicare-certified Hospices: The Hospice must comply with CFR 418.78. See the Medicare Conditions of Participation for the full text of the regulation.**

Services applicable: HIC, HSP

---

**Standard HSP4-12A: Written policies and procedures are established and implemented in regard to the orientation and training of volunteers. The hospice maintains documents and provides volunteer orientation and training that is consistent with hospice industry standards. (418.78(a)) (L643)**

Volunteers are provided orientation and training that is specific to the areas they are assigned, such as patient and family support, bereavement care, support to survivors, administrative and clerical tasks and office duties. All orientation and training is documented in the personnel files or training logs.

Evidence: Written Policies and Procedures

Evidence: Training Logs/Files

**For Medicare-certified Hospices: The Hospice must comply with CFR 418.78(a). See the Medicare Conditions of Participation for the full text of the regulation.**

Services applicable: HIC, HSP

---

**Standard HSP4-12B: Written policies and procedures are established and implemented that address recruiting, use of and retaining volunteers. (418.78(b)) (L644) (418.78(c)) (L645)**

Written policies and procedures are established and implemented that address recruiting, use of and retaining volunteers.

Recruiting activities are scheduled and conducted regularly. Recruiting activities include various media such as church bulletins, newspapers, community and volunteer fairs, etc.

Selection of volunteers is based on:

- Initial screening and/or interview
- Reference checks
- Observation during orientation

Volunteers are used in day to day administrative and/or direct patient care roles.

Retention efforts include, but are not limited to:

- Support groups
- Partnering with other volunteers
- Changes in assignments
- Nurturing through recognition events
- Regular communication (e.g., newsletters, flyers, phone calls, etc.)

The Hospice considers volunteers as part of the hospice's personnel. All personnel requirements also apply to volunteers.

Evidence: Written Policies and Procedures

Evidence: Media Material

Evidence: Response to Interviews

Evidence: Observation

**For Medicare-certified Hospices: The Hospice must comply with CFR 418.78(b) and 418.78(c). See the Medicare Conditions of Participation for the full text of the regulation.**

Services applicable: HIC, HSP

---

**Standard HSP4-12B.01: Written policies and procedures are established and implemented which address the involvement of surviving family members as volunteers.**

Written policies and procedures address vulnerable position of surviving family members following the death of a patient. Written information is provided to family members regarding involvement of family members as volunteers, in public relations, or in other non-therapeutic activities with the hospice when requested.

Evidence: Written Policies and Procedures

Evidence: Volunteer Files

Evidence: Response to Interviews

Services applicable: HIC, HSP

---

**Standard HSP4-12C: The hospice must document the cost savings achieved through the use of volunteers. (418.78(d) (418.78(d)(1-3)) (L646)**

The hospice must document the cost savings achieved through the use of volunteers.

Documentation must include the following:

- The identification of each position that is occupied by a volunteer
- The work time spent by volunteers occupying those positions
- Estimates of the dollar costs that the hospice would have incurred if paid employees occupied the positions identified in paragraph (d)(1) of 42 CFR 418.78 for the amount of time specified in paragraph (d)(2) of 42 CFR 418.78

The Board of Directors receives a report that demonstrates the cost savings of volunteer activities.

Evidence: Report of Cost Savings

Evidence: Annual Report

**For Medicare-certified Hospices: The Hospice must comply with CFR 418.78(d), 418.78(d)(1), 418.78(d)(2) and 418.78(d)(3). See the Medicare Conditions of Participation for the full text of the regulation.**

Services applicable: HIC, HSP

---

**Standard HSP4-12D: The hospice must use volunteers. The Hospice ensures that volunteers provide a minimum of 5% of the total number of patient service hours. Written policies and procedures are established and implemented outlining the process for tracking volunteer hours. The hospice maintains records on the use of volunteers for patient care and administrative services, including the type of care/services and time worked. (418.78(e)) (L647)**

Written policies and procedures are established and implemented requiring a minimum of 5% of the total number of patient care hours be provided by volunteers in administrative and/or direct patient care roles. Each position that is occupied by a volunteer is identified. In order for volunteer hours to count toward the 5% requirement, the activities must be activities that would be routinely performed by the hospice personnel. It is recommended that the hospice review volunteer hours, at a minimum, quarterly. An annual report of hours contributed by volunteers is included in the annual report to the hospice's governing body.

Evidence: Written Policies and Procedures

Evidence: Annual Report

Evidence: Governing Body Meeting Minutes

**For Medicare-certified Hospices: The Hospice must comply with CFR 418.78(e). See the Medicare Conditions of Participation for the full text of the regulation.**

Services applicable: HIC, HSP

---

**Standard HSP4-13A: Hospice aides are assigned to a specific patient by a Registered Nurse that is a member of the interdisciplinary group. Written patient care instructions for a hospice aide must be prepared by a Registered Nurse who is responsible for the supervision of a hospice aide as specified under paragraph (h) of 42 CFR 418.76. (418.76(g)(1)) (L625) (418.76(g)(2)(i-iv)) (L626) (418.76(g)(3)(i-iv)) (L627) (418.76(g)(4)) (L628)**

Hospice aide services are provided under the direction of a Registered Nurse with sufficient education and experience in the scope of care/services offered. All program care/services comply with regulatory requirements and the hospice's policies and procedures.

A hospice aide provides services that are:

- Ordered by the interdisciplinary group
- Included in the plan of care
- Permitted to be performed under state law by such hospice aide
- Consistent with the hospice aide training

The duties of a hospice aide include the following:

- The provision of hands-on personal care
- The performance of simple procedures as an extension of therapy or nursing services
- Assistance in ambulation or exercises



- Assistance in administering medications that are ordinarily self-administered

Hospice aides must report changes in the patient's medical, nursing, rehabilitative, and social needs to a Registered Nurse, as the changes relate to the plan of care and quality assessment and performance improvement activities. Hospice aides must also complete appropriate records in compliance with the hospice's policies and procedures.

The Registered Nurse and IDG develop the plan of care: indicate what tasks are to be done by the Aide and the frequency of these tasks. The use of "PRN" or "per patient choice", for any task, whether personal care or non-personal care tasks, are not acceptable.

Evidence: Observation

Evidence: Patient Records

**For Medicare-certified Hospices: The Hospice must comply with CFR 418.76(g)(1), 418.76(g)(2)(i), 418.76(g)(2)(ii), 418.76(g)(2)(iii), 418.76(g)(2)(iv), 418.76(g)(3)(i), 418.76(g)(3)(ii), 418.76(g)(3)(iii), 418.76(g)(3)(iv) and 418.76(g)(4). See the Medicare Conditions of Participation for the full text of the regulation.**

Services applicable: HIC, HSP

---

**Standard HSP4-13B: Hospice Aides are supervised by a Registered Nurse to ensure the quality of care the patient is receiving. (418.76(h)(1)) (418.76(h)(1)(i)) (L629) (418.76(h)(1)(ii)) (L630) (418.76(h)(1)(iii)) (L631) (418.76(h)(2)) (L632) (418.76(h)(3)) (L633)**

A Registered Nurse provides supervision to Hospice aides.

A Registered Nurse must make an on-site visit to the patient's home no less frequently than every 14 days to assess the quality of care and services provided by the hospice aide and to ensure that services ordered by the hospice interdisciplinary group meet the patient's needs. The hospice aide does not have to be present during this visit.

If an area of concern is noted by the supervising nurse, then the hospice must make an on-site visit to the location where the patient is receiving care in order to observe and assess the aide while he or she is performing care.

If an area of concern is verified by the hospice during the on-site visit, then the hospice must conduct, and the hospice aide must complete, a competency evaluation of the deficient skill and all related skills in accordance with 42 CFR 418.76(c).

A Registered Nurse must make an annual on-site visit to the location where a patient is receiving care in order to observe and assess each aide while he or she is performing care.

The supervising nurse must assess an aide's ability to demonstrate initial and continued satisfactory performance in meeting outcome criteria that include, but is not limited to:

- Following the patient's plan of care or completion of tasks assigned to the hospice aide by the Registered Nurse
- Creating successful interpersonal relationships with the patient and family
- Demonstrating competency with assigned tasks
- Complying with infection control policies and procedures
- Reporting changes in the patient's condition

Evidence: Patient Records

Evidence: Personnel Files

**For Medicare-certified Hospices: The Hospice must comply with CFR 418.76(h)(1), 418.76(h)(1)(i), 418.76(h)(1)(ii), 418.76(h)(1)(iii), 418.76(h)(2) and 418.76(h)(3). See the Medicare Conditions of Participation for the full text of the regulation.**

Services applicable: HIC, HSP

---

**Standard HSP4-13C: Aides providing homemaker services are supervised in those tasks in the patient's home at least once every 14 days by a member of the interdisciplinary group. When a homemaker provides these services, supervision is provided based on the needs of the patient and family. (418.76(k)(1)) (L638) (418.76(k)(2)) (L639) (418.76(k)(3)) (L640)**

Homemaker services must be coordinated and supervised by a member of the interdisciplinary group. Supervisory visits are conducted by the member of the interdisciplinary group who is coordinating the homemaker services. The homemaker does not need to be present.

Instructions for homemaker duties must be prepared by a member of the interdisciplinary group

Homemakers must report all concerns about the patient or family to the member of the interdisciplinary group who is coordinating

homemaker services.

Evidence: Patient Records

Evidence: Observation

Evidence: Response to Interviews

**For Medicare-certified Hospices: The Hospice must comply with CFR 418.76(k)(1), 418.76(k)(2) and 418.76(k)(3). See the Medicare Conditions of Participation for the full text of the regulation.**

Services applicable: HIC, HSP

---

**Standard HSP4-14B: A hospice that provides inpatient care directly in its own facility must provide pharmacy services under the direction of a qualified licensed pharmacist who is an employee of or under contract with the hospice. (418.106(a)(1)) (L689)**

The Hospice inpatient facilities pharmacy services are provided by a licensed Pharmacist.

The Hospice inpatient facility pharmacy services include, but are not limited to:

- Evaluation of a patient's response to medication therapy
- Identification of potential adverse drug reactions
- Recommended appropriate corrective action

A Pharmacist oversees the pharmacy functions and is available 24/7 for consultation regarding a patient's medication regimen.

Evidence: Observation

Evidence: Response to Interviews

Evidence: Patient Records

**For Medicare-certified Hospices: The Hospice must comply with CFR 418.106(a)(2). See the Medicare Conditions of Participation for the full text of the regulation.**

Services applicable: HIC

---

**Standard HSP4-15A.01: In a hospice inpatient facility a Registered Dietician or other appropriately trained person oversees meal planning and provision of nutritional care in accordance with physician orders and medically prescribed diets.**

An appropriately trained person plans and develops menus, supervises meal planning and verifies that nutritional care is in accordance with physician orders and prescribed diets.

Evidence: Personnel Files

Services applicable: HIC

## Section 5: PROVISION OF CARE AND RECORD MANAGEMENT

The standards in this section apply to documentation and requirements for the service recipient/client/patient/resident record. These standards also address the specifics surrounding the operational aspects of care/services provided.

**Standard HSP5-1A: There is a patient record for each individual who receives care/service that contains all required documentation. All entries are legible, clear, complete, and appropriately authenticated and dated in accordance with policies/procedures and currently accepted standards of practice. (418.104) (L670) (L671) (418.104(a)(1) (L672) (418.104(a)(2) (L673) (418.104(a)(3) (L674) (418.104(a)(4) (L675) (418.104(a)(5) (L676) (418.104(a)(6) (L677) (418.104(a)(7) (L678) (418.104(b) (L679)**

A separate patient record is maintained for each patient. The patient record contains pertinent past and current findings in accordance with accepted professional standards.

The patient record contains documentation of all care/service provided, which includes, but are not limited to:

- Identifying information
- Initial plan of care
- Updated plans of care
- Initial assessment
- Comprehensive assessment
- Updated comprehensive assessments
- Signed copy of the notice of Patient Rights
- Signed copy of election statement
- Response to medications, symptom management, treatments and services
- Outcome measure data elements
- Physician certification and recertification of terminal illness (The initial certification and recertification must meet the requirements set forth in 42 CFR 418.22)
- Advance directives
- Physician orders
- Signed and dated clinical and progress notes
- All other items required by ACHC standard HSP5-1A.01

Each home visit, treatment, or care/service is documented in the patient record and signed by the individual who provided the care/service. Signatures are legible, legal and include the proper designation of any credentials. Electronic signatures are acceptable as long as the hospice is following appropriate safeguards to prevent unauthorized access to the patient records.

Stamped physician or clinical personnel signatures on orders, treatments, or other documents that are part of the patient's record are not accepted.

Filing of documents into the clinical record is current according to the hospice's policies and any applicable state filing timelines.

The election statement must include the following items of information:

- Identification of the particular hospice that will provide care to the individual;
- The individual's or representative's (as applicable) acknowledgment that the individual has been given a full understanding of hospice care, particularly the palliative rather than curative nature of treatment;
- The individual's or representative's (as applicable) acknowledgment that the individual understands that certain Medicare services are waived by the election;
- The effective date of the election, which may be the first day of hospice care or a later date, but may be no earlier than the date of the election statement. An individual may not designate an effective date that is retroactive;
- The signature of the individual or representative; and
- Identification of the particular hospice and of the attending physician. The individual or representative must acknowledge that the identified attending physician was his or her choice.

When comprehensive assessments are corrected, the hospice maintains the original assessment as well as all subsequent corrected assessments.

The clinical record must contain correct clinical information that is available to the patient's attending physician and hospice staff. The clinical record may be maintained electronically.

Evidence: Patient Records

**For Medicare-certified Hospices: The Hospice must comply with CFR 418.104, 418.104(a)(1), 418.104(a)(2), 418.104(a)(3), 418.104(a)(4), 418.104(a)(5), 418.104(a)(6), 418.104(a)(7) and 418.104(b). See the Medicare Conditions of Participation for the full text of the regulation.**

Services applicable: HIC, HSP

---

**Standard HSP5-1A.01: Written policies and procedures state the required content of the patient record.**

The hospice's written policies and procedures define the required content of the patient record. The content includes, but is not limited to:

- Names of family/legal guardian/emergency contact
- Name of primary caregiver(s)
- Source of referral
- Name of physician responsible for care
- Diagnosis
- Physician's orders that include medications, dietary, treatment and activity orders
- Signed release of information and other documents for Protected Health Information
- Admission and informed consent documents
- Assessment of the home, if applicable
- IDG summary
- Admission and Discharge dates from a hospital or other institution, if applicable
- Names of power of attorney and/or healthcare power of attorney, if applicable
- Evidence of coordination of care/service provided by the hospice with others who may be providing care/service, if applicable
- Copies of summary reports sent to physicians, if applicable
- Patient/family response to care/service provided
- A discharge summary, if applicable
- Physician narrative statement and face-to-face encounters
- Signed statement from the patient or representative stating he or she is changing his or her attending physician per 418.24(f)(1-3) (as applicable)
- All other items required by ACHC in standard HSP5-1A

If the hospice has electronic medical records (EMR), the hospice has written policies and procedures and a mechanism to maintain all patient record in an electronic format. The EMR is in compliance with federal and state EMR requirements.

Evidence: Written Policies and Procedures

Services applicable: HIC, HSP

---

**Standard HSP5-1B: Written policies and procedures are established and implemented in regard to the access, storage, removal, and retention of patient records and information. (418.104(d)) (L681) (418.104(f)) (L685)**

The hospice's policies and procedures are consistent with Health Insurance Portability and Accountability Act (HIPAA) standards. Written policies and procedures include:

- Who can have access to patient records
- Personnel authorized to enter information and review the records
- Any circumstances and the procedure to be followed to remove patient records from the premises or designated electronic storage areas
- A description of the protection and access of computerized records and information
- Back-up procedures, which include, but are not limited to:
  - Electronic transmission procedures
  - Storage of back-up disks and tapes
  - Methods to replace information if necessary
- Conditions for release of information

All active patient records are kept in a secure location. Current electronic patient records are stored in an appropriate secure manner, to maintain the integrity of the patient data through routine backups on or off-site. Patient record information is safeguarded against loss or unauthorized use. A hospice has written consent from the patient to release information not authorized by law.

All patient records are retained for a minimum of six years from the date of the most recent discharge or the death of the patient, unless state law stipulates a longer period of time. Records of minor patients (patients with guardians) are retained until at least six years following the patient's eighteenth birthday or according to state laws and regulations. The hospice's policies and procedures provide for retention even if the hospice discontinues operations.

Portions of patient records may be copied and removed from the licensed premises to ensure that appropriate personnel have information readily accessible to them to enable them to provide the appropriate level of care. The hospice has specific written policies and procedures delineating how these copies will be transported and stored to preserve confidentiality of information.

The patient record, whether hard copy or in electronic form, is made readily available on request by an appropriate authority.

If the hospice discontinues operation, hospice policies and procedures must provide for retention and storage of clinical records. The hospice must inform its State Agency and its CMS Regional Office where such clinical records will be stored and how they may be accessed.

Evidence: Written Policies and Procedures

Evidence: Observation

Evidence: Patient Records

**For Medicare-certified Hospices: The Hospice must comply with CFR 418.104(d) and 418.104(f). See the Medicare Conditions of Participation for the full text of the regulation.**

Services applicable: HIC, HSP

---

**Standard HSP5-2A.01: Written policies and procedures are established and implemented in regard to the patient referral and acceptance process.**

Written policies and procedures describe the referral process including the required information and the positions designated in the hospice that may receive referrals.

Referrals containing verbal orders are given to the designated professional for verification and documentation of verbal orders.

Evidence: Written Policies and Procedures

Evidence: Observation

Services applicable: HIC, HSP

---

**Standard HSP5-3A.01: Written policies and procedures describe the process for assessment and the development of the plan of care.**

Written policies and procedures describe the process for a patient assessment, the development of the plan of care and the frequency and process for the plan of care review. A Registered Nurse conducts an initial assessment, conducted in the location where hospice services will be provided, to determine eligibility, immediate care and support needs of the patient. The plan of care should be appropriate for the type of care that is needed. Care planning is directed toward driving positive patient outcomes.

Policies and Procedures address the following:

- Medicare patients must have documented eligibility for hospice benefits
- The initial assessment visit must be held either within 48 hours of election of hospice care in accordance with 42 CFR 418.24 (unless the physician, patient, or representative request that the initial assessment be completed in less than 48 hours)
- A comprehensive assessment is completed in a timely manner, consistent with the patient's immediate needs, but no later than five (5) calendar days after the start of care

The hospice develops written assessment protocols that define specific assessment techniques, specify when outside consultation is needed, and provide detailed guidelines for factors to be considered in assessing each component.

Evidence: Written Policies and Procedures

Services applicable: HIC, HSP

---

**Standard HSP5-3B: The hospice Registered Nurse must complete an initial assessment within 48 hours after the election of hospice care in accordance with §418.24 (unless the physician, patient, or representative requests that the initial assessment be completed in less than 48 hours). (418.54(a)) (L522)**

A Registered Nurse must conduct an initial assessment visit to assess the patient's immediate physical, psychosocial, emotional and spiritual status related to the terminal illness and related conditions. The initial assessment is necessary to gather the essential information necessary to begin the plan of care and provide the immediate necessary care and services. The initial assessment visit must be held either within 48 hours of the election of hospice care unless requested to be done sooner. The initial assessment is documented whether services continue or not.

Patients are accepted for treatment on the basis of a reasonable expectation that the patient's medical, nursing, and social needs can be met adequately by the hospice in the patient's place of residence.

Evidence: Patient Records

**For Medicare-certified Hospices: The hospice must comply with CFR 418.54(a). See the Medicare Conditions of Participation for the full text of the regulation.**

Services applicable: HIC, HSP

---

**Standard HSP5-3C: The hospice interdisciplinary group, in consultation with the individual's attending physician (if any), must complete the comprehensive assessment no later than 5 calendar days after the election of hospice care. (418.54) (L520) (L521) (418.54(b)) (L523) (418.54(c)) (L524) (418.54(c)(1)) (L525) (418.54(c)(2)) (L526) (418.54(c)(3)) (L527) (418.54(c)(4)) (L528) (418.54(c)(5)) (L529) (418.54(c)(7)) (L531)**

The hospice must conduct and document in writing a patient-specific comprehensive assessment that identifies the patient's need for hospice care and services, and the patient's need for physical, psychosocial, emotional, and spiritual care. This assessment includes all areas of hospice care related to the palliation and management of the terminal illness and related conditions.

The comprehensive assessment takes into consideration the nature and condition causing admission; complications and risk factors that affect care planning; the patient's ability to understand and participate in their own care; imminence of death, and severity of symptoms. The assessment is appropriate to the patient diagnosis and age.

The comprehensive assessment includes, but is not limited to:

Patient information:

- Patient demographics

The physical health component:

- Diagnosis and terminal illness
- Vital signs
- Identification of additional health problems or pertinent health history, including recent hospital stays
- Palliative care needs
- Review of medications
- Allergies
- Special nutritional needs or dietary requirements and weight loss
- Complete pain and other symptoms assessment
- Head-to-toe assessment
- Equipment needs
- Patient/family preferences for treatment and concerns

The mental health component

- Orientation/memory
- Reasoning/ judgment
- Emotional/behavioral status
- Depression and suicide risk
- Substance abuse
- Coping mechanisms; ability and style of expressing emotions, thoughts and needs; and feelings regarding loss and grief

The social component:

- Identification of family members
- Availability and capability of the family
- Role changes and family dynamics
- Identification of an emergency contact
- The patient's involvement with social and community resources
- Communication strengths and barriers
- Literacy and language skills
- Language preference
- Advance Directive decisions
- Response to previous loss
- Funeral and end-of-life care preferences
- Legal concerns and other issues related to life closure as appropriate

The environmental component:

- Identification of safety or health hazards
- Presence of adequate living arrangements (e.g., no heat, electricity or water)
- Home environmental assessments, which include, the potential for safety and security hazards (e.g. throw rugs, furniture layout, bathroom safety, cluttered stairways and blocked exits, unsecured doors, lack of smoke detectors, fire risks)
- Emergency preparedness plan

The economic component:

- A review of the financial resources
- Financial, economic, and community resources

Functional limitations:

- The patient's ability to ambulate
- Documentation of all functional limitations
- Documentation of ability to complete Activities of Daily Living (ADL) and Instrumental Activities of Daily Living (IADL) that include:
  - Bathing
  - Dressing
  - Feeding
  - Toileting
  - Transferring
  - Ambulation
  - Use of telephone
  - Shopping
  - Meal preparation
  - Housework
  - Money management
  - Ability to take medication, as appropriate
- Need for a Home Health Aide to assist with patient cares, ADLs, and IADLs

The bereavement component:

A bereavement assessment includes the needs of the patient's family and other individuals focusing on the social, spiritual, and cultural factors that may impact their ability to cope with the patient's death. Information gathered from the initial bereavement assessment is incorporated into the plan of care and is considered in the bereavement plan of care.

The spiritual component:

- A history of any religious affiliation and support, spiritual beliefs, traditions and rituals
- The nature and scope of spiritual concerns or needs includes, but is not limited to:
  - Loneliness
  - Despair
  - Fear
  - Guilt
  - Anger
  - Forgiveness
  - Reconciliation
  - Inner strengths or weaknesses, as appropriate

A complete pain and symptom assessment is conducted at the time of admission based on policies and procedures and/or protocols for assessment and management of pain. The assessment includes, but is not limited to:

- History of pain and its treatment (including non-pharmacological and pharmacological treatment)
- Characteristics of pain, such as:
  - Intensity of pain (e.g., as measured on a standardized pain scale)
  - Descriptors of pain (e.g., burning, stabbing, tingling, aching)
  - Pattern of pain (e.g., constant or intermittent)
  - Location and radiation of pain
  - Frequency, timing, and duration of pain
  - Impact of pain on quality of life (e.g., sleeping, functioning, appetite, and mood)
  - Factors such as activities, care, or treatment that precipitate or exacerbate pain
  - Strategies and factors that reduce pain
  - Patient's/family's goals for pain management and their satisfaction with the current level of pain control

Common physical symptoms other than pain are assessed at the time of admission and on an ongoing basis based on policies and procedures/protocols for symptom identification and management. Common symptoms include, but are not limited to:

- Nausea and vomiting
- Anorexia
- Constipation
- Anxiety
- Restlessness
- Dyspnea
- Dehydration
- Skin breakdown
- Sleep disorders

The IDG must be involved during the entire process of completing the comprehensive assessment.

Qualified personnel conduct assessments. Specialized populations such as infants and children are assessed by personnel with appropriate training and experience.

Evidence: Patient Records

**For Medicare-certified Hospices: The Hospice must comply with CFR 418.54, 418.54(b), 418.54(c), 418.54(c)(1), 418.54(c)(2), 418.54(c)(3), 418.54(c)(4), 418.54(c)(5) and 418.54(c)(7). See the Medicare Conditions of Participation for the full text of the regulation.**

Services applicable: HIC, HSP

---

**Standard HSP5-3C.01: Hospice providers must submit Hospice Item Set (HIS)-Admission data and HIS-Discharge data for all patients admitted to a Medicare-certified Hospice. (N/A for hospice providers that do not have a Medicare provider number)**

Effective July 1, 2014, all Medicare-certified hospices are required to submit an HIS-Admission record and HIS-Discharge record for each patient admission to a hospice. Data collection will consist of abstracting data from clinical records in order to complete the HIS Items. Once HIS data has been collected, providers will need to electronically complete and submit HIS records.

HIS-Admission data must be completed 14 days after admission and submitted 30 days after admission.

HIS-Discharge data must be completed 7 days after discharge and submitted 30 days after discharge.

To complete HIS records, providers can use either the Hospice Abstraction Reporting Tool (HART) software or a vendor designed software. Once HIS records are completed, the files will need to be submitted to CMS via the Quality Improvement and Evaluation System (QIES) Assessment Submission and Processing (ASAP) system.

Evidence: Observation

Services applicable: HIC, HSP

---

**Standard HSP5-3D: A medication profile is part of the patient-specific comprehensive assessment. A Registered Nurse creates and maintains a current medication profile and reviews all patient medications, both prescription and non-prescription, on an ongoing basis in collaboration with other interdisciplinary group (IDG) members. (418.54(c)(6)(i-v)) (L530)**

A Registered nurse reviews all of the patient's prescription and over-the-counter drugs, herbal remedies and other alternative treatments that could affect drug therapy on an ongoing basis. This review is done in collaboration with other IDG members (e.g., physician and/or pharmacist) during the IDG meeting and whenever needed.

This review includes, but is not limited to:

- Effectiveness of drug therapy
- Drug side effects
- Immediate desired effects
- Unusual and unexpected effects
- Actual or potential drug interactions
- Duplicate drug therapy
- Drug therapy currently associated with laboratory monitoring
- Allergic reactions
- Changes in the patient's condition that contraindicates continued administration of the medication
- The need for pharmacological or non-pharmacological interventions for pain and other symptom management as applicable to the patient

In addition, the nurse and the IDG are able to anticipate those effects that may rapidly endanger a patient's life or wellbeing, and instruct the patient/family, as necessary, in following the prescribed regimen and/or implementing preventive measures.

Conclusions of the medication review and other pertinent information are documented in the patient record as part of the comprehensive assessment and on an ongoing basis.

Medications are administered in accordance with the hospice plan of care for each patient.

A medication profile includes, but is not limited to:

- All current patient medications
- Date prescribed or taken



- Name of medication
- Dose
- Route
- Frequency
- Date discontinued

Evidence: Patient Records  
 Evidence: Response to Interviews

**For Medicare-certified Hospices: The Hospice must comply with CFR 418.54(c)(6)(i), 418.54(c)(6)(ii), 418.54(c)(6)(iii), 418.54(c)(6)(iv) and 418.54(c)(6)(v). See the Medicare Conditions of Participation for the full text of the regulation.**

Services applicable: HIC, HSP

---

**Standard HSP5-3E: A psychosocial assessment is part of the patient-specific comprehensive assessment. Medical Social Services are provided by a qualified social worker, under the direction of a physician. Social work services are based on the patient's psychosocial assessment and the patient's/family's needs and acceptance of these services. (418.64(c)) (L594)**

The social worker's services are provided in accordance with the plan of care. Because social work services are provided under the direction of a physician, physician approval of the plan of care will satisfy the intent of this requirement.

The psychosocial assessment is an evolving document that is revised as new information is acquired and as progress toward goals is made. The psychosocial assessment may also include the bereavement risk assessment. The purpose of the psychosocial assessment is to help the IDG identify issues that either impede or facilitate the patient's treatment and to assist the patient/family in reaching the maximum benefit from hospice care/services.

The assessment includes, but is not limited to:

- The patient/family's adjustment to the terminal illness
- The social and emotional factors related to the terminal illness
- The presence or absence of adequate coping mechanisms
- The family dynamics and communication patterns
- Financial resources or constraints
- The caregiver's ability to function effectively
- Identifying obstacles and risk factors that may affect compliance with the plan of care
- Identifying family support systems to help facilitate coping with end-of-life issues

Evidence: Patient Records  
 Evidence: Response to Interviews

**For Medicare-certified Hospices: The Hospice must comply with CFR 418.64(c). See the Medicare Conditions of Participation for the full text of the regulation.**

Services applicable: HIC, HSP

---

**Standard HSP5-3F: As part of the patient-specific comprehensive assessment the hospice may determine the need for a referral and/or further evaluation by other appropriate health professionals. Additional counseling services may be provided to meet patient/family needs. (418.54(c)(8)) (L532)**

Patients and/or families are referred to appropriate health professionals for further evaluation based on identified needs and the interdisciplinary plan of care. Counseling is provided by other members of the interdisciplinary group as well as other qualified professionals as determined by the hospice. Additional counseling or other services are provided by:

- Ostomy nurse
- Pain specialist
- Wound care specialist
- Ethicist
- Massage therapist
- Other appropriate alternative counselors

Evidence: Patient Records

**For Medicare-certified Hospices: The Hospice must comply with CFR 418.54(c)(8). See the Medicare Conditions of Participation for the full text of the regulation.**

Services applicable: HIC, HSP

---

**Standard HSP5-3G: The update of the comprehensive assessment must be accomplished by the hospice interdisciplinary group (in collaboration with the individual's attending physician, if any) and must consider changes that have taken place since the initial assessment. It must include information on the patient's progress toward desired outcomes, as well as a reassessment of the patient's response to care. The assessment update must be accomplished as frequently as the condition of the patient requires, but no less frequently than every 15 days. (418.54(d) (L533)**

To ensure the IDG has the most up-to-date and accurate information regarding the patient for planning purposes, assessments must be updated at a minimum of every 15 days. It includes information on the patient's progress towards desired outcomes, as well as a reassessment of the patient's response to care. The hospice must also document if there were no changes in the patient condition or needs.

Evidence: Patient Records

**For Medicare-certified Hospices: The Hospice must comply with CFR 418.54(d). See the Medicare Conditions of Participation for the full text of the regulation.**

Services applicable: HIC, HSP

---

**Standard HSP5-4A: The hospice develops an individualized written plan of care for each patient in collaboration with the attending physician (if any), the patient or representative, and the primary caregiver in accordance with the patient's needs if any of them so desire. The plan of care must reflect patient/family goals and interventions based on the problems identified in the initial, comprehensive, and updated comprehensive assessments. The plan of care must include all services necessary for the palliation and management of the terminal illness and related conditions. (418.56) (L536) (L537) (L538) (418.56(b)) (L543) (418.56(c)) (L545) (418.56(c)(1)) (L546) (418.56(c)(2)) (L547) (418.56(c)(3)) (L548) (418.56(c)(4)) (L549) (418.56(c)(5)) (L550)**

The interdisciplinary plan of care is developed by the IDG, in consultation with the patient's attending physician, based on comprehensive assessment information provided by the various members of the interdisciplinary group. Nurses, social workers, bereavement, spiritual care personnel, home care aides, volunteers, physicians, and other members of the IDG collaborate in the development of the plan of care.

The initial plan of care includes, but is not limited to:

- Start of care date
- Certification period
- Patient demographics
- Principle diagnosis and other pertinent diagnoses
- Medications: dose/frequency/route
- Allergies
- Orders for specific hospice services and disciplines, treatments, procedures (specify amount/frequency/duration)
- Interventions to manage pain and symptoms
- Equipment and supply needs
- Family needs
- Spiritual needs
- End-of-life care preferences
- Bereavement needs
- Patient goals/outcomes
- Functional limitations
- Diet and nutritional need
- Safety measures

The hospice IDG develops a detailed statement of the scope and frequency of services necessary to meet the specific patient and family needs.

Measurable outcomes are anticipated from implementing and coordinating the plan of care for each patient by using data elements identified by the hospice and is used as part of the Hospice's QAPI program.

The IDG demonstrates a proactive approach in developing each patient's plan of care by planning ahead for anticipated patient changes and needs. Decisions should reflect the patient/family preferences rather than be solely a response to a crisis.

Physician orders are needed to initiate any services, disciplines or treatments for hospice patients, including all support services related to patient care, and any services requiring the administration of medication, prescribed treatment(s), or other activities governed by state law.

Verbal orders are documented and signed with the name and credentials of the personnel receiving the order and signed by the physician within the time frame established in the hospice's policies and procedures and/or state requirements.

Evidence: Patient Records

**For Medicare-certified Hospices: The Hospice must comply with CFR 418.56, 418.56(b), 418.56(c), 418.56(c)(1), 418.56(c)(2), 418.56(c)(3), 418.56(c)(4) and 418.56(c)(5). See the Medicare Conditions of Participation for the full text of the regulation.**

Services applicable: HIC, HSP

---

**Standard HSP5-4B: Hospice services are delivered in accordance with the written plan of care. (418.56(e)(2)) (L555)**

Hospice personnel provide care that optimizes comfort and dignity in the manner described in the plan of care. The care provided must be consistent with patient/family needs and goals. The patient record reflects hospice care provided by the interdisciplinary group in accordance with identified needs, and the plan of care.

Evidence: Patient Records

**For Medicare-certified Hospices: The Hospice must comply with CFR 418.56(e)(2). See the Medicare Conditions of Participation for the full text of the regulation.**

Services applicable: HIC, HSP

---

**Standard HSP5-4C: There is evidence of patient/family participation in the plan of care. (418.52(c)(2)) (L513) (418.56(c)(6)) (L551)**

The patient/family has a right to be involved in the development of the plan of care and any changes in that plan. The degree of involvement may vary depending on the status of the patient. At a minimum, the patient or family agrees to the plan of care prior to the beginning of care/services and as subsequent changes occur. The hospice documents the level of understanding, involvement, and agreement with the plan of care in the patient record.

Methods used to document the patients participation includes, but are not limited to:

- The plan of care may be signed by the patient/family
- A notation may be made in the patient record that the patient/family participated in the development of the plan of care
- There may be documentation in the patient record that the plan of care was reviewed and accepted by the patient/family

Evidence: Patient Records

Evidence: Response to Interviews

**For Medicare-certified Hospices: The Hospice must comply with CFR 418.52(c)(2) and 418.56(c)(6). See the Medicare Conditions of Participation for the full text of the regulation.**

Services applicable: HIC, HSP

---

**Standard HSP5-4D: The hospice that is providing care to residents of an SNF/NF or ICF/IID develops and maintains the plan of care in conjunction with the facility personnel. (418.112(d)) (L773) (418.112(d)(1)) (L774) (418.112(d)(2)) (L775) (418.112(d)(3)) (L776)**

In accordance with 42 CFR 418.56, a written hospice plan of care is established and maintained in consultation with SNF/NF or ICF/IID representatives. All hospice care provided is in accordance with this hospice plan of care. The hospice plan of care identifies the care/services that are needed and specifically identifies which provider is responsible for performing the respective functions that have been agreed upon and included in the hospice plan of care. The hospice plan of care reflects the participation of the hospice, the SNF/NF or ICF/IID, and the patient/family to the extent possible.

Any changes in the hospice plan of care must be discussed with the patient or representative, and SNF/NF or ICF/IID representatives, and are approved by the hospice before implementation.

Evidence: Patient Records

**For Medicare-certified Hospices: The Hospice must comply with CFR 418.112(d), 418.112(d)(1), 418.112(d)(2) and 418.112(d)(3). See the Medicare Conditions of Participation for the full text of the regulation.**

Services applicable: HSP

---

**Standard HSP5-4E: Hospice inpatient facilities provide care and services in accordance with the hospice plan of care and include adequate personnel and availability of all members of the hospice interdisciplinary group. The hospice is responsible for ensuring that staffing for all services reflects its volume of patients, their acuity, the level of intensity of services needed to ensure that plan of care outcomes are achieved and negative outcomes are avoided. (418.110) (L719) (L720) (418.110(a)) (L721)**

The hospice provides interdisciplinary care to patients receiving inpatient care. The hospice assures coordination of care and services from admission to the time of discharge or death. Hospice personnel and facility personnel (if services are not provided directly) collaborate in the development of the plan of care. Staffing reflects patient volume and acuity levels.

Evidence: Observation

**For Medicare-certified Hospices: The Hospice must comply with CFR 418.110 and 418.110(a). See the Medicare Conditions of Participation for the full text of the regulation.**

Services applicable: HIC

---

**Standard HSP5-4F: There is evidence that the plan of care is reviewed and changes are made to the plan of care based on reassessment data. (418.56(d)) (L552) (L553)**

The hospice interdisciplinary group (in collaboration with the individual's attending physician, if any) reviews, revises and documents the individualized plan as frequently as the patient's condition requires, but no less frequently than every 15 calendar days. Documentation in the patient record reflects that the plan of care was reviewed and revised.

The review includes, but is not limited to:

- Updated comprehensive assessment
- Advance directives and code status
- Implementation of the IDG plan of care in all settings
- Documentation of the IDG findings and decisions about care plan revisions and actions
- Documentation of patient response to treatment and services, including medications
- Effectiveness of pain and symptom management
- Ongoing spiritual and psychosocial needs and interventions
- Determination if hospice services are still needed. The plan of care review would occur more frequently based on the patient's need for changes

There is evidence of communication to the physician regarding the patient's condition. The revised plan of care must note the patient's progress toward outcomes and goals specified in the plan of care. If new or revised patient treatment goals are indicated, they must be reflected in a revised plan of care. Revised plans of care are approved by the patient's physician.

Evidence: Patient Records

**For Medicare-certified Hospices: The Hospice must comply with CFR 418.56(d). See the Medicare Conditions of Participation for the full text of the regulation.**

Services applicable: HIC, HSP

---

**Standard HSP5-5A: Written policies and procedures are established and implemented in regard to the process for patient and family education. (418.56(b)) (L544)**

Patient/family education is an integral part of hospice care. Assessment of the patient and family's knowledge of deficits and learning abilities are evaluated during the initiation of services. Patient/family education will proceed in accordance with the patient's/family's willingness and ability to learn.

The policies and procedures include, but are not limited to:

- Hospice care and services
- Physical and psychological aspects of dying
- Palliative care
- End of life care issues
- Pain and symptom management
- Treatment and disease management education
- Proper use, safety hazards, and infection control issues related to the use and maintenance of any equipment provided
- Plan of care

- Emergency preparedness information
  - Evacuation plans
  - Medications
  - Food/water (Hospice Residential Care only)
  - Important documents (Hospice Residential Care only)
  - Care for pets, if applicable (Hospice Residential Care only)

Elements of patient education include, but are not limited to:

- Ongoing assessment of patient/family's learning needs
- Communication of needs to other health care group members
- Incorporating patient/family's learning needs into the plan of care

Instructions for pain management may include pharmacologic and non-pharmacologic interventions as established in the IDG plan of care. The patient record indicates education to the patient/family about appropriate actions to take if a medication or treatment reaction occurs when the nurse is not present.

The patient records will include documentation of all teaching, patient/family response to teaching, their level of understanding and the patient's level of progress towards meeting goals. Written instructions will be provided to the patient/family.

If medical supplies are provided, written instructions are provided to patient/family regarding their safe and appropriate use.

The hospice ensures that each patient and family receive education and training provided by the hospice as appropriate to their responsibilities for the care and services identified in the plan of care.

Evidence: Written Policies and Procedures

Evidence: Patient Record

**For Medicare-certified Hospices: The Hospice must comply with CFR 418.56(b). See the Medicare Conditions of Participation for the full text of the regulation.**

Services applicable: HIC, HSP

---

**Standard HSP5-5B.01: Hospice offers education, services and expertise to others in the community regarding loss and grief.**

When requested, hospice bereavement and counseling personnel provide education and act as a resource to others in the community for loss and grief issues. Special training may be designed for specific groups. Bereavement services are provided to community members and organizations impacted by loss.

Evidence: Response to Interviews

Services applicable: HIC, HSP

---

**Standard HSP5-6A: Drugs and biologicals related to the palliation and management of the terminal illness and related conditions, as identified in the hospice plan of care, are provided by the hospice while the patient is under hospice care. Drugs and biologicals are ordered by a physician, physician assistant, or nurse practitioner in accordance with the plan of care and state law. (418.106(b)) (418.106(b)(1)) (418.106(b)(2)(i-ii)) (L690)**

Only a licensed physician, physician assistant, or nurse practitioner can order medications.

If the drug order is verbal or given via an electronic transmission:

- It is given only to a licensed nurse, nurse practitioner (where appropriate), pharmacist, or physician, and
- The person receiving the order records and signs it immediately and has the prescribing person sign it in accordance with state and federal regulations

Evidence: Patient Records

**For Medicare-certified Hospices: The Hospice must comply with CFR 418.106(b), 418.106(b)(1), 418.106(b)(2)(i) and 418.106(b)(2)(ii). See the Medicare Conditions of Participation for the full text of the regulation.**

Services applicable: HIC, HSP

---

**Standard HSP5-6A.01: Written policies and procedures are established and implemented that identify the drugs or drug classifications and routes that are not approved for administration by hospice personnel.**

Written policies and procedures identify the drugs or drug classifications and/or routes not approved by the governing board for administration by nursing personnel.

The policies and procedures also address any blood or blood products that may or may not be administered.

Evidence: Written Policies and Procedures

Services applicable: HIC, HSP

---

**Standard HSP5-6A.02: Written policies and procedures are established and implemented in regard to the requirements for agency staff administering the first dose of a medication in the home setting.**

The hospice may elect not to administer the first dose of a medication in the home or may have specific written requirements that allow administration of the first dose. The hospice defines when first dose policies and procedures are appropriate based on the medication route and potential reaction.

The following are reviewed prior to administering the first dose in the home:

- The date the patient last received the medication, including any response
- The history of being allergic to this class of medication
- Orders have been received outlining the steps to take and the medication(s) to be given should an anaphylactic reaction occur
- Giving the first dose in the hospital, physician's office or other medical facility has been considered and has been rejected
- The location and phone numbers for emergency support have been identified and a procedure to utilize these facilities has been developed
- The nurse administering the medication stays with the patient at least a half hour after the administration of the medication to insure the patient has tolerated the medication well
- The appropriate monitoring of the patient after the first dose is administered

Evidence: Written Policies and Procedures

Evidence: Patient Records

Services applicable: HIC, HSP

---

**Standard HSP5-7A: The medical director or physician designee provides written certification that it is anticipated that the patient's life expectancy is 6 months or less if the illness runs its normal course. (418.102(b)) (418.102(b)(1-5)) (L667)**

The physician reviews the clinical information to determine if patient's life expectancy is 6 months or less. The physician must consider the following when making this determination:

- The primary terminal condition
- Related diagnosis
- Current subjective and objective medical findings
- Current medication and treatment orders
- Information about the medical management of any of the patient's conditions unrelated to the terminal illness

The hospice must obtain, no later than 2 calendar days after hospice care is initiated, oral or written certification of the terminal illness by the hospice medical director and the individuals attending physician if the individual has an attending physician.

Initial certification may be completed up to 15 days before hospice care is elected.

As of October 1, 2009, the physician provides a brief narrative explanation of the clinical findings that supports a life expectancy of 6 months or less as part of the certification form, or as an addendum to the certification form.

The certification form and/or addendum include:

- If the narrative is part of the certification form then the narrative must be located immediately above the physician's signature
- If the narrative exists as an addendum to the certification form, in addition to the physician's signature on the certification form, the physician must also sign immediately following the narrative in the addendum
- The narrative shall include a statement directly above the physician signature attesting that by signing, the physician confirms that he/she composed the narrative based on his/her review of the patient's medical record or, if applicable, his or her examination of the patient

- The narrative must reflect the patient's individual clinical circumstances and cannot contain check boxes or standard language used for all patients. The physician must synthesize the patient's comprehensive medical information in order to compose this brief clinical justification narrative

Evidence: Patient Records

**For Medicare-certified Hospices: The Hospice must comply with CFR 418.102(b), 418.102(b)(1), 418.102(b)(2), 418.102(b)(3), 418.102(b)(4) and 418.102(b)(5). See the Medicare Conditions of Participation for the full text of the regulation.**

Services applicable: HIC, HSP

---

**Standard HSP5-7B: Before recertification, the medical director or physician designee provides written documentation that it is anticipated that the patient is terminally ill, (which is a life expectancy of 6 months or less). (418.102(c)) (L668)**

Before the recertification period for each patient, the medical director or physician designee must review the patient's clinical information and provide written documentation that it is anticipated that the patient's life expectancy is 6 months or less. The documentation cannot be a check box form nor can the hospice complete the documentation for the physician.

Re-certification may be completed up to 15 days before the next benefit period begins. For subsequent periods, the hospice must obtain, no later than 2 calendar days after the first day of each period, a written certification statement from the medical director of the hospice or the physician member of the hospice's IDG. If the hospice cannot obtain written certification within 2 calendar days, it must be obtain oral certification within 2 calendar days.

As of October 1, 2009, the physician provides a brief narrative explanation of the clinical findings that supports a life expectancy of 6 months or less as part of the recertification form, or as an addendum to the recertification form.

The certification form and/or addendum include:

- If the narrative is part of the recertification form then the narrative must be located immediately above the physician's signature
- If the narrative exists as an addendum to the recertification form, in addition to the physician's signature on the recertification form, the physician must also sign immediately following the narrative in the addendum
- The narrative shall include a statement directly above the physician signature attesting that by signing, the physician confirms that he/she composed the narrative based on his/her review of the patient's medical record or, if applicable, his or her examination of the patient
- The narrative must reflect the patient's individual clinical circumstances and cannot contain check boxes or standard language used for all patients. The physician must synthesize the patient's comprehensive medical information in order to compose this brief clinical justification narrative

Evidence: Patient Records

**For Medicare-certified Hospices: The Hospice must comply with CFR 418.102(c). See the Medicare Conditions of Participation for the full text of the regulation.**

Services applicable: HIC, HSP

---

**Standard HSP5-7B.01: The Medical Director or physician designee or Nurse Practitioner must have a face-to-face encounter with each hospice patient prior to the beginning of the patient's third benefit period, and prior to each subsequent benefit period. (This standard applies to payor sources that require a face to face encounter)**

For re-certifications on or after January 1, 2011, a Medical Director or physician designee or hospice Nurse Practitioner must have a face-to-face encounter that supports a life expectancy of 6 months or less.

Failure to meet the face-to-face encounter requirements specified in this section results in a failure by the hospice to meet the patient's recertification of terminal illness eligibility requirement. The patient would cease to be eligible for the benefit.

Face-to-face encounter requirements:

- Timeframe of the encounter must occur no later than 30 calendar days prior to the start of the third benefit period and no more than 30 calendar days prior to every subsequent benefit period thereafter.
- A face-to-face encounter may occur on the first day of the benefit period and still be considered timely.
- A hospice physician or hospice Nurse Practitioner who performs the encounter must attest in writing that he or she had a face-to-face encounter with the patient, including the date of the encounter.
- Where a nurse practitioner or non-certifying hospice physician performed the encounter, the attestation must state that the clinical findings of that visit were provided to the certifying physician.

- A hospice physician or hospice Nurse Practitioner can perform the encounter. A hospice physician is a physician who is employed by the hospice or working under contract with the hospice. A hospice Nurse Practitioner must be employed by the hospice (W-2 employee or volunteer).
- In cases where a hospice newly admits a patient who is in the third or later benefit period, exceptional circumstances may prevent a face-to-face encounter prior to the start of the benefit period. In such documented cases, a face-to-face encounter which occurs within 2 days after admission will be considered to be timely.
- If the hospice is a subdivision of an agency or organization, an employee of that agency or organization assigned to the hospice is also considered a hospice employee.
- Physician Assistants (PAs), clinical nurse specialists, and outside attending physicians are not authorized by section 1814 (a)(7)(D)(i) of the Act to perform the face-to-face encounter for recertification.

Evidence: Patient Records

Services applicable: HIC, HSP

**Standard HSP5-8A: Written policies and procedures are established and implemented in regard to the process for transferring a patient receiving hospice services. (418.104(e)) (418.104(e)(1)) (418.104(e)(1)(i-ii) (L682) (418.104(e)(2)) (418.104(e)(2)(i-ii) (L683)**

The transfer policies and procedures define the circumstances when a patient would be transferred to another organization. A patient is transferred for a number of reasons to another hospice or other type of healthcare organization or when the patient's needs can no longer be adequately met by the hospice. The transfer policies and procedures define activities and criteria for a patient transfer. This also applies when transfers occur between branch offices or when transferring a patient into an inpatient facility.

A transfer summary is completed and a copy is maintained in the patient record. A copy is forwarded to the receiving entity or health care organization. A transfer summary includes:

- Date of transfer
- Patient-identifying information
- Date and name of person receiving report
- Patient's physician
- Diagnosis related to the transfer
- Significant health history
- Transfer orders and instructions
- A brief description of services provided and ongoing needs that cannot be met
- Status of patient at the time of transfer
- Pain and symptom management needs
- Presence of Advance Directives
- End of life decisions
- Any other information that was provided to the receiving organization

When a patient is transferred to another hospice, the hospice must provide as applicable:

- Copy of the interdisciplinary care plan
- Copy of signed consents for care
- Copy of the certification of terminal illness
- The hospice discharge summary
- Clinical record, if requested

Evidence: Written Policies and Procedures

Evidence: Patient Records

**For Medicare-certified Hospices: The Hospice must comply with CFR 418.104(e), 418.104(e)(1), 418.104(e)(1)(i), 418.104(e)(1)(ii), 418.104(e)(2), 418.104(e)(2)(i) and 418.104(e)(2)(ii). See the Medicare Conditions of Participation for the full text of the regulation.**

Services applicable: HIC, HSP

**Standard HSP5-8B: Written policies and procedures are established and implemented in regard to the process for discharging a patient receiving hospice services. (418.104(e)) (418.104(e)(1)) (418.104(e)(1)(i-ii) (L682) (418.104(e)(2)) (418.104(e)(2)(i-ii) (L683) (418.104(e)(3)) (418.104(e)(3)(i-iv) (L684)**

The discharge policies and procedures define the circumstances and criteria for patient discharge. The hospice has a process that assesses the patient's ongoing appropriateness for hospice services. The patient and family are included in discharge planning.



A hospice discharge is defined as:

- The patient moves out of the hospice's service area or transfers to another hospice including when a hospice patient is receiving treatment for a condition unrelated to the terminal illness or related conditions in a facility with which the hospice does not have a contract, and the hospice is unable to access the patient to provide hospice services
- The hospice determines that the patient is no longer terminally ill
- The hospice determines, under a policy set by the hospice for the purpose of addressing discharge for cause that meets the requirements of this section, 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 behavior or situation;
    - Ascertain that the patient's proposed discharge is not due to the patient's use of necessary hospice services; and
    - Document the problem(s) and efforts made to resolve the problem(s) and enter this documentation into its medical records

Prior to discharging a patient for any reason listed above, the hospice 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 or her review and decision included in the discharge note.

The patient record must reflect discharge planning activities, coordination with other care providers, the patient's response and understanding to these activities, patient care instructions and a reasonable notice prior to discharge, whenever possible.

The written discharge summary includes:

- The date and reason for discharge
- Any instructions or referral information given to the patient or family
- Patient-identifying information
- Patient's physician
- Hospice diagnosis
- Significant health history
- Discharge orders, instructions, medication profile and allergies, if discharge is other than patient death
- A brief description of services provided and ongoing needs that cannot be met
- Status of patient at the time of discharge
- Presence of Advance Directives
- End of life decisions
- Any third party revocation or termination
- A summary of the patient's stay, including treatments, symptoms and pain management
- The patient's current plan of care
- The patient's latest physician orders
- Any other documentation that will assist in post-discharge continuity of care or that is requested by the attending physician or receiving facility

The discharge summary is completed within the time frame defined by the hospice.

Evidence: Written Policies and Procedures

Evidence: Patient Records

**For Medicare-certified Hospices: The Hospice must comply with CFR 418.104(e), 418.104(e)(1), 418.104(e)(1)(i), 418.104(e)(1)(ii), 418.104(e)(2), 418.104(e)(2)(i), 418.104(e)(2)(ii), 418.104(e)(3), 418.104(e)(3)(i), 418.104(e)(3)(ii), 418.104(e)(3)(iii) and 418.104(e)(3)(iv). See the Medicare Conditions of Participation for the full text of the regulation.**

Services applicable: HIC, HSP

---

**Standard HSP5-9A.01: Written policies and procedures are established and implemented for addressing patient needs which cannot be met by the hospice at time of referral. The hospice coordinates planning and care/service delivery efforts with other community agencies. Patients are referred to other agencies when appropriate.**

Care/service needs that cannot be met by the hospice are addressed by referring the patient to other organizations when appropriate.

The hospice maintains a referral log or other tool to record all referrals. Referral sources are notified when patient needs cannot be met and are not being admitted to the hospice.

Personnel are knowledgeable about other care/services available in the community.

Evidence: Written Policies and Procedures  
Evidence: Referral Log/Tool  
Evidence: Response to Interviews

Services applicable: HIC, HSP

---

**Standard HSP5-10A.01: Written policies and procedures are established and implemented in regard to the ability to provide all levels of care, routine, short-term inpatient, respite and continuous care. These policies and procedures also address changing the level of hospice care a patient receives.**

Written policies and procedures describe criteria for changes in the level of care and documentation requirements, including date and reason for change, summation of the patient's status and appropriate information for continuity of care. Hospice levels of care include routine home care, continuous care, inpatient respite care and general inpatient care for acute needs.

An order is obtained from the physician prior to a change in the level of care and documented in the patient record.

Evidence: Written Policies and Procedures  
Evidence: Patient Records

Services applicable: HIC, HSP

---

**Standard HSP5-11A: Written policies and procedures are established and implemented that describe the process for revocation of hospice services. (418.104(e)(2)) (418.104(e)(2)(i-ii)) (L683)**

Written policies and procedures describe criteria for when a revocation of hospice care is appropriate and the steps to take to complete a revocation of services. Patients and families are provided instructions about their options for hospice care and revocation of hospice care.

The patient record reflects any revocation of hospice care.

To revoke the election of hospice care, the individual must file a document with the hospice that includes:

- A signed statement that the individual revokes the election for Medicare coverage of hospice care for the remainder of that election period (a verbal revocation of benefits is not acceptable) and
- The effective date of that revocation. An individual may not designate an effective date earlier than the date that the revocation is made.

If a patient revokes the election of hospice care or is discharged from hospice in accordance with 42 CFR 418.26, the hospice must forward to the patient's attending physician:

- A copy of the hospice discharge summary
- The patient's clinical record, if requested

Evidence: Written Policies and Procedures  
Evidence: Patient Records

**For Medicare-certified Hospices: The Hospice must comply with CFR 418.104(e)(2), 418.104(e)(2)(i) and 418.104(e)(2)(ii). See the Medicare Conditions of Participation for the full text of the regulation.**

Services applicable: HIC, HSP

---

**Standard HSP5-12A: Written policies and procedures are established and implemented in regard to short-term inpatient care. (418.108) (L704) (L705) (418.108(a)) (418.108(a)(1)) (L706) (418.108(a)(2)) (L707) (418.108(b)) (418.108(b)(1)(i)) (L708) (418.108(b)(1)(ii)) (L709)**

Short-term inpatient care is provided for pain control, symptom management and respite purposes. Short-term inpatient care must be provided in a participating Medicare or Medicaid facility. The hospice maintains a safe physical environment free of hazards for patients, personnel, and visitors.

Inpatient care for pain control, symptom management and respite care is provided in one of the following:

- A Medicare-certified hospice that meets the conditions of participation for providing inpatient care directly as specified in 42 CFR 418.110
- Medicare-certified hospital or a skilled nursing facility that also meets the standards specified in 42 CFR 418.110(b) and 42

CFR 418.110(f) regarding 24-hour nursing services and patient areas

- A Medicare or Medicaid - certified nursing facility that also meets the standards specified in 42 CFR 418.110(f)

Written policies and procedures define admission criteria for inpatient care. Patients, families and physicians are involved in the decisions related to inpatient care.

Evidence: Written Policies and Procedures

Evidence: Patient Records

Evidence: Observation

**For Medicare-certified Hospices: The Hospice must comply with CFR 418.108, 418.108(a), 418.108(a)(1), 418.108(a)(2), 418.108(b), 418.108(b)(1)(i) and 418.108(b)(1)(ii). See the Medicare Conditions of Participation for the full text of the regulation.**

Services applicable: HSP

---

**Standard HSP5-13A.01: Written policies and procedures are established and implemented in regard to patient access to other medical services such as laboratory, ambulance, and radiology services when related to and necessary to meet the patient's end of life care needs.**

Other medical services and interventions such as laboratory, ambulance, and radiology services are available based on the assessment of the patient needs and as related and necessary to the patient's end-of-life care.

Additional medical services and interventions are included in the patient's plan of care. Criteria may be developed for use in determining the appropriate care/services and treatment for the palliation of symptoms and end-of-life care.

The hospice may provide care/services directly or by arrangement with another organization. The organization responsible for the care/services develops and implements applicable policies and procedures.

Evidence: Patient records

Evidence: Written Policies and Procedures

Services applicable: HIC, HSP

---

**Standard HSP5-14A.01: Written policies and procedures are established and implemented in regard to the hospice coordinating and providing a continuum of care for the patient and family through the transition of dying to the time of death and follow-up bereavement care.**

The interdisciplinary group provides support to the patient and family throughout the continuum of care. The hospice's policies and procedures include, but are not limited to:

- Teaching family members about the physical and psychological aspects of the dying process and actions to take when death occurs
- Availability of personnel to attend patient death (24 hours/day, seven days a week)
- Respect by personnel for cultural and religious traditions of the patient/family relating to death and dying
- Transition to bereavement care

Evidence: Written Policies and Procedures

Evidence: Patient Records

Evidence: Response to Interviews

Services applicable: HIC, HSP

---

**Standard HSP5-14A.02: Written policies and procedures are established and implemented in regard to the provision of post-mortem care.**

After death care is provided with regard to the desires of the patient, family, cultural, and religious practices. Policies and procedures include, but are not limited to:

- Family privacy
- Family has sufficient time with the patient after death
- Preparation and disposition of the body in accordance with applicable laws and regulations, taking into account patient's wishes
- Documentation and communication of patient's death to appropriate personnel, attending physician and legal entities, as appropriate

- Pronouncement of death according to state/federal law
- Disposition of body
- Spiritual, psycho-social and bereavement care

Evidence: Written Policies and Procedures

Evidence: Patient Records

Services applicable: HIC, HSP

## Section 6: QUALITY OUTCOMES/PERFORMANCE IMPROVEMENT

The standards in this section apply to the organization's plan and implementation of a Performance Improvement (PI) program. Items addressed in these standards include who is responsible for the program, activities being monitored, how data is compiled, and corrective measures being developed from the data and outcomes.

**Standard HSP6-1A: The hospice develops, implements, and maintains an effective, on-going, hospice wide Quality Assessment and Performance Improvement (QAPI) program. The hospice measures, analyzes, and tracks quality indicators, including adverse patient events, and other aspects of performance that enable the hospice to assess processes of care, services, and operations. Organizational-wide Quality Assessment and Performance Improvement efforts address priorities for improved quality of care and patient safety and all actions are evaluated for effectiveness. (418.58) (L559) (L560) (418.58(a)(1)) (L561) (418.58(a)(2)) (L562) (418.58(b)(1)) (L563) (418.58(b)(2)(i-ii)) (L564) (418.58(b)(3)) (L565)**

The hospice must measure, analyze, and track quality indicators, including adverse patient events and other aspects of performance that enable the hospice to assess processes of care, hospice services, and operations. The program must at least be capable of showing measurable improvement in indicators related to improved palliative outcomes and hospice services. Each hospice develops a program that meets its needs. The methods used by the hospice for reviewing data include, but are not limited to:

- Current documentation review of clinical records, incident reports, complaints, and patient satisfaction surveys
- Patient care
- Direct observation of clinical performance
- Operating systems
- Interviews with patients and/or personnel

The information gathered by the hospice is based on criteria and/or measures generated by personnel. This data reflects best practice patterns, personnel performance, and patient outcomes.

The hospice's QAPI program includes, but is not limited to:

- Program objectives
- All patient care disciplines
- Description of how the program will be administered and coordinated
- Methodology for monitoring and evaluating the quality of care
- Priorities for resolution of problems
- Monitoring to determine effectiveness of the action
- Oversight and responsibility for reports to the governing body

The QAPI program must use quality indicator data, including patient care and other relevant data in the design of its program.

The hospice must use the data collected to:

- Monitor the effectiveness and safety of services and quality of care.
- Identify opportunities and priorities for improvement.

The hospice must maintain documentary evidence of its Quality Assessment and Performance Improvement program and be able to demonstrate its operation to CMS and/or other regulatory bodies.

The organized hospice-wide QAPI program must be ongoing and have a written plan of implementation. Ongoing means that there is a continual collection and assessment of data. Opportunities to improve care should be applied on a hospice-wide basis, when appropriate. The hospice takes and documents remedial action when problems are identified and evaluates the outcome of these actions. The results must be communicated to the governing body/owner to fulfill its responsibility to ensure an effective QAPI program.

Evidence: Written Policies and Procedures/QAPI Plan

Evidence: QAPI reports and/or documents

Evidence: Observation

**For Medicare-certified Hospices: The Hospice must comply with CFR 418.58, 418.58(a)(1), 418.58(a)(2), 418.58(b)(1), 418.58(b)(2)(i), 418.58(b)(2)(ii) and 418.58(b)(3). See the Medicare Conditions of Participation for the full text of the regulation.**

Services applicable: HIC, HSP

**Standard HSP6-1B: The hospice ensures the implementation of a hospice wide Quality Assessment/Performance**

**Improvement (QAPI) program by the designation of a person responsible for coordinating QAPI activities. (418.58(e)(3)) (L576)**

Duties and responsibilities relative to QAPI coordination include:

- Assisting with the overall development and implementation of the QAPI program
- Assisting in the identification of goals and related patient outcomes
- Coordinating, participating and reporting of activities and outcomes

The position responsible for coordinating QAPI activities may be the owner, manager, supervisor, or other hospice personnel and these duties are included in the individual's job description.

Evidence: Observation

**For Medicare-certified Hospices: The Hospice must comply with CFR 418.58(e)(3). See the Medicare Conditions of Participation for the full text of the regulation.**

Services applicable: HIC, HSP

---

**Standard HSP6-2A: There is evidence of involvement of the governing body and organizational leaders in the Quality Assessment/Performance Improvement (QAPI) program. (418.58) (L560) (418.58(b)(3)) (L565) (418.58(e)(1)) (L574) (418.58(e)(2)) (L575)**

The hospice's governing body must ensure that the program:

- Reflects the complexity of its hospice and services
- Involves all hospice services (including those services furnished under contract or arrangement)
- Focuses on indicators related to improved palliative outcomes
- Takes actions to demonstrate improvement in hospice performance

The frequency and detail of the data collection must be approved by the hospice's governing body. There is evidence that the results of Quality Assessment and Performance Improvement activities are communicated to the governing body and organizational administrators.

The hospice's administrator allocates resources for implementation of the QAPI program. Resources include, but are not limited to:

- Training and education programs regarding QAPI
- Personnel time
- Information management systems
- Computer Support

The governing body and administrator are ultimately responsible for all actions and activities of the hospice.

The hospice's governing body is responsible for ensuring:

- That an ongoing program for quality improvement and patient safety is defined, implemented, maintained and evaluated annually
- That the hospice-wide Quality Assessment and Performance Improvement efforts address priorities for improved quality of care and patient safety, and that all improvement actions are evaluated for effectiveness

Evidence: Board of Director Meeting Minutes

Evidence: Response to Interviews

**For Medicare-certified Hospices: The Hospice must comply with CFR 418.58, 418.58(b)(3), 418.58(e)(1) and 418.58(e)(2). See the Medicare Conditions of Participation for the full text of the regulation.**

Services applicable: HIC, HSP

---

**Standard HSP6-2B: There is evidence of personnel involvement in the Quality Assessment and Performance Improvement (QAPI) process. (418.62(c)) (L586)**

Licensed professionals must participate in the hospice's quality QAPI program and hospice's sponsored in-service training.

Personnel receive training related to QAPI activities and their involvement. Training includes, but is not limited to:

- The purpose of QAPI activities

- Person(s) responsible for coordinating QAPI activities
- Personnel's individual role in QAPI
- QAPI outcomes resulting from previous activities

Personnel are involved in the evaluation process through carrying out QAPI activities, evaluating findings, recommending action plans, and/or receiving reports of findings.

Evidence: Personnel Meeting Minutes  
 Evidence: Response to Interviews  
 Evidence: Observation

**For Medicare-certified Hospices: The Hospice must comply with CFR 418.62(c). See the Medicare Conditions of Participation for the full text of the regulation.**

Services applicable: HIC, HSP

---

**Standard HSP6-3A: There is an annual Quality Assessment and Performance Improvement (QAPI) written report. (418.58(e)(1)) (L574)**

There is a comprehensive, written annual report that describes the QAPI activities, findings and corrective actions that relate to the care/service provided. In a large, multi-service organization the report may be part of a larger document addressing all of the organization's programs.

While the final report is a single document, improvement activities must be conducted at various times during the year. Data for the annual report may be obtained from a variety of sources and methods, e.g., audit reports, patient questionnaires, feedback from referral sources, outside survey reports, etc.

The QAPI annual report includes, but is not limited to:

- The effectiveness of the QAPI program
- Summary of all QAPI activities, findings and corrective actions
- Quality Assessment and Performance Improvement projects summary

The QAPI annual report is communicated to all appropriate personnel and leadership.

Evidence: QAPI Annual Report

**For Medicare-certified Hospices: The Hospice must comply with CFR 418.58(e)(1). See the Medicare Conditions of Participation for the full text of the regulation.**

Services applicable: HIC, HSP

---

**Standard HSP6-4A: The hospice develops, implements and evaluates Quality Assessment and Performance Improvement projects on an annual basis. (418.58(d) (L571)(418.58(d)(1)) (L572) (418.58(d)(2))(L573)**

The number and scope of distinct QAPI projects conducted annually, is based on the needs of the hospice's population and internal organizational needs, and must reflect the scope, complexity, and past performance of the hospice's services and operations.

The hospice must document which QAPI projects are being conducted, the reasons for conducting these projects, and the measurable progress achieved on these projects.

A written summary of the hospice's projects is included in the QAPI annual report.

Evidence: QAPI annual Report  
 Evidence: QAPI Projects

**For Medicare-certified Hospices: The Hospice must comply with CFR 418.58(d), 418.58(d)(1) and 418.58(d)(2). See the Medicare Conditions of Participation for the full text of the regulation.**

Services applicable: HIC, HSP

---

**Standard HSP6-5A.01: Quality Assessment and Performance Improvement projects or studies contain the required elements.**

Each QAPI project/study includes, but is not limited to:

- A description of indicator(s) to be monitored/activities to be conducted
- Frequency of activities
- Designation of who is responsible for conducting the activities
- Methods of data collection
- Acceptable limits for findings/threshold
- Plans to re-evaluate if findings fail to meet acceptable limits
- Any other activities required under state or federal laws or regulations

The above criteria are used to develop each required PI activity.

Evidence: QAPI Activities/Studies

Services applicable: HIC, HSP

---

**Standard HSP6-6A: Quality Assessment and Performance Improvement (QAPI) activities focus on high risk, high volume or problem-prone areas. Consider incidence, prevalence, and severity of problems in those areas and how they affect palliative outcomes, patient safety and quality of care. (418.58(c)(1)(i)) (L566) (418.58(c)(1)(ii))(L567) (418.58(c)(1)(iii))(L568)**

The hospice conducts QAPI monitoring activities that focus on high-risk, high-volume or problem-prone areas taking into consideration the incidence, prevalence, and severity of problems in those areas and how they affect palliative outcomes, patient safety, and quality of care.

A review of all variances, which includes but is not limited to infections, communicable diseases, incidents, accidents, complaints/grievances, and worker compensation claims, is conducted at least quarterly to detect trends and create an action plan to decrease occurrences.

Evidence: QAPI Reports

Evidence: Incidence/Variance Reports

**For Medicare-certified Hospices: The Hospice must comply with CFR 418.58(c)(1)(i), 418.58(c)(1)(ii) and 418.58(c)(1)(iii). See the Medicare Conditions of Participation for the full text of the regulation.**

Services applicable: HIC, HSP

---

**Standard HSP6-6B: Data elements are used in the comprehensive assessment that allows for the measurement of outcomes. The outcomes are used as part of the hospice's Quality Assessment and Performance Improvement program (QAPI). (418.54(e)(1)) (L534) (418.54(e)(2)) (L535)**

The comprehensive assessment includes data elements that allow for the measurement of outcomes. The hospice ensures that it measures and documents the data elements for all patients in the same format. The data elements take into consideration aspects of care related to hospice and palliation.

The data elements are an integral part of the comprehensive assessment and are documented in a systematic and retrievable way for each patient. The data elements for each patient are to be used in individual patient care planning and in the coordination of services, and are used in the aggregate for the hospice's Quality Assessment and Performance Improvement program.

Examples of data elements that would allow for the measurement of outcomes include, but are not limited to:

- Patient reported data on outcomes of treatment for:
  - Pain
  - Dyspnea
  - Nausea
  - Vomiting
  - Constipation
  - Emotional distress
  - Spiritual needs

Evidence: QAPI Reports

Evidence: Response to Interviews

Evidence: Patient Records



**For Medicare-certified Hospices: The Hospice must comply with CFR 418.54(e)(1) and 418.54(e)(2). See the Medicare Conditions of Participation for the full text of the regulation.**

Services applicable: HIC, HSP

---

**Standard HSP6-6B.01: Quality Assessment and Performance Improvement activities include a review of the patient record.**

The patient record review is conducted by all disciplines or members of the patient care/service team. An adequate sampling of open and closed records is selected to determine the completeness of documentation.

Evidence: QAPI reports

Services applicable: HIC, HSP

---

**Standard HSP6-6B.02: Quality Assessment and Performance Improvement activities include satisfaction surveys.**

The QAPI program identifies the process for conducting patient satisfaction surveys. The QAPI program also identifies the process for conducting personnel, and referral source satisfaction surveys.

Evidence: QAPI reports

Services applicable: HIC, HSP

---

**Standard HSP6-6B.03: Quality Assessment and Performance Improvement activities include the ongoing monitoring of patient complaints/grievances.**

QAPI activities include ongoing monitoring of patient complaints and the action(s) taken to resolve complaints and improve patient care/service.

Evidence: QAPI reports

Services applicable: HIC, HSP

---

**Standard HSP6-6B.04: Quality Assessment and Performance Improvement activities include ongoing monitoring of at least one important administrative function of the hospice.**

The hospice conducts monitoring of at least one important administrative/operational function of the hospice.

Examples of QAPI activities include, but are not limited to:

- Monitoring compliance of conducting performance evaluations
- Number of in-service hours completed by personnel
- Conducting billing audits

Evidence: QAPI reports

Services applicable: HIC, HSP

---

**Standard HSP6-6C: There is a written plan of correction developed in response to any Quality Assessment and Performance Improvement (QAPI) finding that does not meet an acceptable threshold. (418.58(c)(3)) (L570)**

A written plan of correction is developed in response to any QAPI activity that does not meet an acceptable threshold. The hospice must take actions aimed at performance improvement and, after implementing those actions; the hospice must measure its success and track performance to ensure that improvements are sustained. The plan of correction identifies changes in policies and procedures that will improve performance.

Evidence: Written Corrective Action Plans

**For Medicare-certified Hospices: The Hospice must comply with CFR 418.58(c)(3). See the Medicare Conditions of Participation for the full text of the regulation.**

Services applicable: HIC, HSP

---

**Standard HSP6-7A: Written policies and procedures are established and implemented by the hospice to identify, monitor, report, investigate and document all adverse events, incidents, accidents, variances, or unusual occurrences that involve patient care. (418.58(c)(2) (L569) (418.110(p)(1)(i-iii)) (418.110(p)(2-3)) (L758)**

Written policies and procedures describe the process for identifying, reporting, monitoring, investigating and documenting all adverse events, incidents, accidents, variances, or unusual occurrences. Policies and procedures include, but are not limited to:

- Action to notify the supervisor or after-hours personnel
- Time frame for verbal and written notification
- Appropriate documentation and routing of information
- Guidelines for notifying the physician
- Follow-up reporting to the administration/board

Written policies and procedures identify the person(s) responsible for collecting incident data and monitoring for trends, investigating all incidents, taking necessary follow-up actions and completing appropriate documentation.

The hospice investigates all adverse events, incidents, accidents, variances or unusual occurrences that involve patient care and develops a plan of correction to prevent the same or similar event from occurring again. Events include, but are not limited to:

- Unexpected death, including suicide of patient
- Any act of violence
- A serious injury
- Psychological injury
- Significant adverse drug reaction
- Significant medication error
- Other undesirable outcomes as defined by the hospice
- Adverse patient care outcomes
- Patient injury (witnessed and un-witnessed), including falls

There are written policies and procedures for the hospice to comply with the FDA's Medical Device Tracking program and to facilitate any recall notices submitted by the manufacturer, if applicable.

There is a standardized form developed by the hospice used to report incidents.

The hospice implements preventive actions and mechanisms that include feedback and learning throughout the hospice.

Hospices that provide inpatient care directly in their own facility must report deaths associated with the use of seclusion or restraints.

The hospice inpatient facility reports the following information to CMS and ACHC:

- Each unexpected death that occurs while a patient is in restraint or seclusion
- Each unexpected death that occurs within 24 hours after the patient has been removed from restraint or seclusion
- Each death known to the hospice that occurs within 1 week after restraint or seclusion where it is reasonable to assume that use of restraint or placement in seclusion contributed directly or indirectly to a patient's death. "Reasonable to assume" in this context includes, but is not limited to, deaths related to restrictions of movement for prolonged periods of time, or death related to chest compression, restriction of breathing or asphyxiation

Each death referenced in this paragraph is reported to CMS and ACHC by telephone no later than the close of business the next business day following knowledge of the patient's death.

Personnel documents in the patient's clinical record the date and time the death was reported to CMS and ACHC.

The hospice educates all personnel on its policies and procedures for documenting and reporting incidents/variances.

Evidence: Written Policies and Procedures

Evidence: Incident/Variance Reports

Evidence: QAPI Reports

Evidence: Response to Interviews

**For Medicare-certified Hospices: The Hospice must comply with CFR 418.110(p), 418.110(p)(1), 418.110(p)(1)(i), 418.110(p)(1)(ii), 418.110(p)(1)(iii), 418.110(p)(2), 418.110(p)(3) and 418.58(c)(2). See the Medicare Conditions of Participation for the full**

**text of the regulation.**

Services applicable: HIC, HSP

## Section 7: RISK MANAGEMENT: INFECTION AND SAFETY CONTROL

The standards in this section apply to the surveillance, identification, prevention, control, and investigation of infections and safety risks. The standards also address environmental issues, such as fire safety, hazardous materials, and disaster and crisis preparation.

**Standard HSP7-1A: Written policies and procedures are established and implemented that address the surveillance, identification, prevention, control and investigation of infectious and communicable diseases and the compliance with regulatory standards. (418.60) (L577) (L578)(418.60(a)) (L579) (418.110(j)) (L733)**

The hospice maintains and documents an effective infection control program that protects patients, families, visitors, and hospice personnel by preventing and controlling infections and communicable diseases.

The hospice infection control program must identify risks for the acquisition and transmission of infectious agents in all settings where patients reside. There is a system to communicate with all hospice personnel, patients, families and visitors about infection prevention and control issues including their role in preventing the spread of infections and communicable diseases through daily activities.

Written policies and procedures are established and implemented to include accepted standards of practice to prevent the transmission of infections and communicable diseases, including the use of standard precautions.

Accepted standards of practice for health care providers are typically developed by government agencies, professional organizations and associations. Examples include, but are not limited to:

- The Centers for Disease Control and Prevention (CDC)
- The Agency for Healthcare Research and Quality (AHRQ)
- State Practice Acts
- Commonly accepted health standards established by national organizations, boards, and councils (e.g., Association for Professionals in Infection Control and Epidemiology (APIC), American Nurses Association (ANA), etc.)

Written policies and procedures include, but are not limited to:

- General infection control measures appropriate for care/service provided
- Hand washing
- Use of standard precautions and personal protective equipment
- Needle-stick prevention and safety plan
- Appropriate cleaning/disinfecting procedures
- Infection surveillance, monitoring, and reporting of employees and patients
- Disposal and transportation of regulated waste, if applicable
- Precautions to protect immune-compromised patients
- Employee health conditions limiting their activities
- Assessment and utilization of data obtained about infections and the infection control program
- Protocols for addressing patient care issues and prevention of infections related to infusion therapy, urinary tract care, respiratory tract care, and wound care
- Guidelines on caring for patients with multi-drug resistant organisms
- Policies on protecting patients, staff, and families from blood borne or airborne pathogens
- Monitoring staff for compliance with hospice policies and procedures related to infection control
- Protocols for educating staff and families in standard precautions and the prevention and control of infection

Written policies and procedures include OSHA Blood Borne Pathogen and TB Exposure Control Plan training for all direct care personnel. The exposure control plans are reviewed annually and updated to reflect significant modification in tasks or procedures that may result in occupational exposure. The Exposure Control Plan includes engineering and work practice controls that eliminate occupational exposure or reduce it to the lowest feasible extent (e.g., use of safer medical devices and appropriate respiratory protection devices). Plans are available to the personnel at the workplace during the work shift.

Written policies and procedures identify the personnel who have the responsibility for the implementation of the infection control activities and personnel education.

The organization conducts an annual TB risk assessment to determine the need, type, and frequency of testing/assessments for direct care personnel.

Evidence: Written Policies and Procedures

Evidence: Observation

**For Medicare-certified Hospices: The Hospice must comply with CFR 418.110(j), 418.60 and 418.60(a). See the Medicare**

**Conditions of Participation for the full text of the regulation.**

Services applicable: HIC, HSP

---

**Standard HSP7-1B: All personnel, patients, families and other caregivers are knowledgeable of the policies and procedures for infection control. (418.60(c)) (L582)**

The hospice provides infection control education to employees, contracted providers, patients, family members, and other caregivers regarding basic and high-risk infection control procedures as appropriate to the care/services provided. Training is consistent with OSHA and CDC recommendations.

Evidence: Infection Control Education

Evidence: Response to Interviews

Evidence: Patient Records

**For Medicare-certified Hospices: The Hospice must comply with CFR 418.60(c). See the Medicare Conditions of Participation for the full text of the regulation.**

Services applicable: HIC, HSP

---

**Standard HSP7-1C: The hospice reviews and evaluates the effectiveness of the infection control program. (418.60(b)) (418.60(b)(1)) (L580) (418.60(b)(2)(i-ii)) (L581)**

The hospice monitors infection statistics of both patients and personnel and implements other activities (such as infection tracking records or logs) to ensure that personnel follow infection control procedures and report infections.

Infection control tracking is used to collect and trend data on infections of both personnel and patients. The hospice identifies what infections will be reported using criteria appropriate to the populations served and in accordance with applicable laws and regulations.

Surveillance data is analyzed for trends and related factors that may contribute to correlations between personnel, patients, and infection control practices.

Data is utilized to assess the effectiveness of the infection control program. Corrective action plans and steps for improvement are to be implemented as needed. Data and action plans are included in the performance improvement reports and communicated to leadership and personnel.

The hospice maintains a coordinated agency-wide program for the surveillance, identification, prevention, control, and investigation of infectious and communicable diseases that is an integral part of the hospice's Quality Assessment and Performance Improvement program.

The hospice reports all communicable diseases, as required by the local county health department, to the local county or state department of health.

Evidence: QAPI reports

Evidence: Infection Control Tracking Logs

**For Medicare-certified Hospices: The Hospice must comply with CFR 418.60(b), 418.60(b)(1), 418.60(b)(2)(i) and 418.60(b)(2)(ii). See the Medicare Conditions of Participation for the full text of the regulation.**

Services applicable: HIC, HSP

---

**Standard HSP7-1D.01: In a hospice inpatient facility there is a provision for isolating patients with infectious disease to the degree needed to isolate the infecting organism.**

Infection control practices and isolation procedures comply with applicable law and regulations and are consistent with accepted infection control standards. Personnel are trained in isolation procedures during orientation.

Evidence: Observation

Services applicable: HIC

---

**Standard HSP7-2A.01: Written policies and procedures are established and implemented that address the education of**

**personnel concerning safety.**

Written policies and procedures include types of safety training as well as the frequency of training. Safety training is conducted during orientation and at least annually for all personnel.

Safety training activities include, but are not limited to:

- Body mechanics
- Safety management
  - Fire
  - Evacuation
  - Security
  - Office Equipment
  - Environmental hazards
  - In-home safety
- Personal safety techniques

Evidence: Written Policies and Procedures

Evidence: Observation

Services applicable: HIC, HSP

---

**Standard HSP7-2A.02: Written policies and procedures are established and implemented that address patient/family safety in the home.**

Written policies and procedures address patient safety in the home.

The safety training activities include, but are not limited to:

- Compliance-monitoring measures relating to the patient's medication
- Patient medical equipment safety, if applicable
- Basic home safety measures (e.g., household chemicals, throw rugs, furniture layout, cluttered stairways, blocked exits, bathroom safety, electrical safety)

Evidence: Written Policies and Procedures

Evidence: Response to Interviews

Services applicable: HSP

---

**Standard HSP7-3A.01: Written policies and procedures are established and implemented that address the hospice's fire safety and emergency power systems.**

Written policies and procedures for a fire safety plan address fire safety and management for all office and worksite environments.

The written policies and procedures include, but are not limited to:

- Providing emergency power to critical areas such as:
  - Alarm systems, if applicable
  - Illumination of exit routes
  - Emergency communication systems
- Testing of emergency power systems (at least annually)
- A no-smoking policy and how it will be communicated
- Maintenance of:
  - Smoke detectors
  - Fire alarms
  - Fire extinguishers
- Fire drills
  - Conduct at least annually
  - Fire drills are evaluated and results communicated to all personnel

Personnel are trained on the fire safety plan and emergency power systems.

Evidence: Written Policies and Procedures

Evidence: Observation

Services applicable: HSP

---

**Standard HSP7-3B.01: Written policies and procedures are established and implemented relating to back-up equipment for use during power failures in the patient home.**

Patient home medical equipment backup systems comply with the hospice's policies, procedures, and state law, as applicable.

Evidence: Patient Records

Evidence: Written Policies and Procedures

Services applicable: HSP

---

**Standard HSP7-3C: For a hospice inpatient facility, written policies and procedures are established and implemented that address the hospice's emergency power systems. (418.110(c)(2)) (L727)**

The written policies and procedures include the hospice's plan for providing emergency power to critical areas that includes, but is not limited to:

- Alarm systems
- Illumination of exit route
- Emergency communication systems

The hospice tests its emergency power system per NFPA 99 (2012 Edition) 6.4.4.1.1 thru 6.4.4.2 Maintenance and Testing of Essential Electrical Systems/NFPA 110 which require:

6.4.4.1.1 – 6.4.4.1.1.4 Maintenance and testing of Alternate Power Sources and Transfer switches

- a. Maintenance of Alternate Power Source. The generator set or other alternate power source and associated equipment, including all appurtenant parts, shall be so maintained as to be capable of supplying service within the shortest time practicable and within the 10-second interval specified in 6.4.1.1.10 and 6.4.3.1.
- b. The 10-second criterion shall not apply during the monthly testing of an essential electrical system. If the 10-second criterion is not met during the monthly test, a process shall be provided to annually confirm the capability of the life safety and critical branches to comply with 6.4.3.1.
- c. Maintenance shall be performed in accordance with Chapter 8 of NFPA 110.
- d. Inspection and Testing (6.4.4.1.1.4A-C)
  - A. Test Criteria. Generator sets shall be tested twelve (12) times a year with testing intervals between not less than 20 days nor more than 40 days. Generator sets serving essential electrical systems shall be in accordance with Chapter 8 of NFPA 110.
  - B. Test Conditions. The scheduled test under load condition shall include a complete simulated cold start and appropriate automatic and manual transfer of all essential electrical system loads.
  - C. Test Personnel. The scheduled tests shall be conducted by competent personnel to keep the machines ready to function and, in addition, serve to detect causes of malfunction and to train personnel in operating procedures.

6.4.4.1.2 – 6.4.4.2 Maintenance and Testing of Circuitry

- a. Circuit Breakers. Main and feeder circuit breakers shall be inspected annually and program for periodically exercising the components shall be established according to manufacturer's recommendations
- b. Insulation Resistance. The resistance readings of main feeder insulation shall be taken prior to acceptance and whenever damage is suspected.
- c. Maintenance of Batteries –Batteries for on-site generators shall be maintained in accordance with NFPA 110.
  1. Defective batteries shall be repaired or replaced immediately upon discovery of defects (see NFPA 70, National Electrical Code, Section 700-4)
- d. Record Keeping. A written record of inspection, performance, exercising period, and repairs shall be regularly maintained and available for inspection by the authority having jurisdiction.

Evidence: Written Policies and Procedures

Evidence: Observation

**For Medicare-certified Hospices: The Hospice must comply with CFR 418.110(c)(2). See the Medicare Conditions of Participation for the full text of the regulation.**

Services applicable: HIC

---

**Standard HSP7-3D: The hospice inpatient facility complies with state and federal laws and regulations, including Life Safety Codes (LSC) for health and fire safety. (418.110(d)(1-6)) (L728), 418.110(e)(1-2), 418.110(q)(1)(i-xi)**

Written policies and procedures and/or a fire safety plan address fire protection.

The inpatient hospice facility must meet the applicable provision and must proceed in accordance with the 2012 LSC National Fire Protection Association (NFPA) 101 and Tentative Interim Amendments TIA 12-1, TIA 12-2, TIA and TIA 12-4 .

In consideration of a recommendation by the state survey agency or accrediting organization or at the discretion of the secretary, CMS may waive for periods deemed appropriate, specific provisions of the LSC which, if rigidly applied, would result in unreasonable hardship to the hospice, but only if the waiver would not adversely affect the health and safety of patients. The provision of the adopted edition of the Life Safety Code does not apply in a state if CMS finds that a fire and safety code imposed by state law adequately protects patients in hospices.

Roller latches are prohibited in existing and new hospice inpatient facilities for corridor doors and doors to rooms containing flammable or combustible materials. These doors will be required to have positive latching devices instead. Chapter 19.3.6.3.5 exception number one and two and 19.3.6.3.6 number two of 2012 LSC does not apply to hospice inpatient facilities.

A hospice inpatient facility may place alcohol-based hand rub dispensers in its facility, if the dispensers are installed in a manner that adequately protects against access by vulnerable populations.

A hospice inpatient facility with a sprinkler system that is shut down for more than 10 hours, the hospice must evacuate the building or portion of building affected by the system outage, or establish a fire watch until system is back in service.

A hospice inpatient facility must have an outside window or outside door in every sleeping room and for any building constructed after July 5, 2016, the sill height must not exceed 36 inches above the floor. Windows in atrium walls are considered outside windows for the purposes of this requirement.

A hospice inpatient facility must meet, unless otherwise stated the applicable provisions and must proceed in accordance with the 2012 Health Care Facilities Code (NFPA 99 and Tentative Interim Amendments TIA12-2, TIA12-3, TIA12-4, TIA12-5 and TIA12-6, excluding chapter 7, 8, 12 and 13 of the Health Care Facilities Code since they do not apply to a hospice inpatient facility.

There is a written fire safety plan. Announced and unannounced fire drills are conducted at least four times a year during each shift to familiarize facility personnel with signals and emergency action required under varied conditions according to life safety code (LSC) 101 (2012 Edition) 18/19.7.1.2 and applicable regulations.

The standards incorporated by reference in CFR 42.418.110 are approved for incorporation by reference by the Director of the Office of the Federal Register in accordance with 5 U.S.C. 552(a) and 1 CFR part 51. You may inspect a copy at the CMS Information Resource Center, 7500 Security Boulevard, Baltimore, MD or at the National Archives and Records Administration (NARA). For information on the availability of this material at NARA, call 202-741-6030, or go to: [http://www.archives.gov/federal\\_register/code\\_of\\_federal\\_regulations/ibr\\_locations.html](http://www.archives.gov/federal_register/code_of_federal_regulations/ibr_locations.html). If any changes in this edition of the Code are incorporated by reference, CMS will publish a document in the FEDERAL REGISTER to announce the changes. National Fire Protection Association, 1 Batterymarch Park, Quincy, MA 02169, [www.nfpa.org](http://www.nfpa.org), 1.617.770.3000.

NFPA 99, Standards for Health Care Facilities Code of the National Fire Protection Association 99, 2012 edition, issued August 11, 2011.

TIA 12-2 to NFPA 99, issued August 11, 2011

TIA 12-3 to NFPA 99, issued August 9, 2012

TIA 12-4 to NFPA 99, issued March 7, 2013.

TIA 12-5 to NFPA 99, issued August 1, 2013.

TIA 12-6 to NFPA 99, issued March 3, 2014.

NFPA 101, Life Safety Code, 2012 edition, issued August 11, 2011;

TIA 12-1 to NFPA 101, issued August 11, 2011.

TIA 12-1 to NFPA 101, issued August 11, 2011.

TIA 12-2 to NFPA 101, issued October 30, 2012

TIA 12-3 to NFPA 101, issued October 22, 2013

TIA 12-4 to NFPA 101, issued October 22, 2013.

Evidence: Written Policies and Procedures

Evidence: Observation

**For Medicare-certified Hospices: The Hospice must comply with CFR 418.110(d), 418.110(d)(1), 418.110(d)(1)(i), 418.110(d)(1)(ii), 418.110(d)(2), 418.110(d)(3), 418.110(d)(4), 418.110(d)(5), 418.110(d)(5)(i), 418.110(d)(5)(ii) and 418.110(d)(6). See the Medicare Conditions of Participation for the full text of the regulation.**

Services applicable: HIC

---

**Standard HSP7-3E: For hospice inpatient facilities, the hospice monitors the physical plant and equipment and conducts regular inspections for potential risks or failures. (418.110(c)(2)(i-iv)) (L727)**

The hospice develops procedures for controlling the reliability and quality of:



- The routine storage and prompt disposal of trash and medical waste
- Light, temperature, and ventilation/air exchanges throughout the hospice
- Emergency gas and water supply
- The scheduled and emergency maintenance and repair of all equipment

Evidence: Utilities Management Plan

Evidence: Observation

**For Medicare-certified Hospices: The Hospice must comply with CFR 418.110(c)(2)(i), 418.110(c)(2)(ii), 418.110(c)(2)(iii) and 418.110(c)(2)(iv). See the Medicare Conditions of Participation for the full text of the regulation.**

Services applicable: HIC, HSP

**Standard HSP7-4B: An Emergency Preparedness Plan outlines the process for meeting patient and personnel needs in a disaster or crisis situation. Part of this process includes conducting a community based risk assessment and the development of strategies and collaboration with other health organizations in the same geographic area. (418.113) E-0001, (418.113(a)(1-4)) E-0004, E-0006, E-0007, E-0009, (418.110(c)(1)) L725**

The hospice must comply with all applicable federal, state and local emergency preparedness requirements. The hospice must establish and maintain an emergency preparedness program that meets the requirements of 42 CFR 418.113.

The hospice has a safety management plan that addresses real or potential threats to the health and safety of the patients, others and property.

- a. Emergency plan. The hospice must develop and maintain an emergency preparedness plan that must be reviewed, and updated at least every two years. The plan must do all the following:
  1. Be based on and include a documented, facility-based and community-based risk assessment, utilizing an all hazards approach. The approach is specific to the location of the hospice and considers particular hazards most likely to occur in the surrounding area. These include, but are not limited to:
    - i. Natural disasters
    - ii. Man-made disasters
    - iii. Facility-based disasters that include, but are not limited to:
      - A. Care-related emergencies
      - B. Equipment and utility failures, including but not limited to power, water, gas, etc.
      - C. Interruptions in communication, including cyber attacks
      - D. Loss of all or portion of facility
      - E. Interruptions to the normal supply of essential resources, such as water, food, fuel (heating, cooking and generators) and in some cases, medication and medical supplies (including medical gas, if applicable)
      - F. Emerging infectious diseases (EIDs) such as Influenza, Ebola, Zika Virus and others:
        - a. These EIDs may require modifications to facility protocols to protect the health and safety of patients, such as isolation and personal protective equipment (PPE) measures
  2. Include strategies for addressing emergency events identified by the risk assessment, including the management of the consequence of power failures, natural disasters, and other emergencies that would affect the hospice's ability to provide care.
  3. Address patient population, including, but not limited to:
    - i. The type of services the hospice has the ability to provide in an emergency
    - ii. Continuity of operations, including delegation of authority and succession plans
  4. Include a process for cooperation and collaboration with local, tribal, regional, state, and federal emergency preparedness officials' efforts to maintain an integrated response during a disaster or emergency situation.

Evidence: Risk Assessment

Evidence: Response to Interviews

Services applicable: HIC, HSP

**Standard HSP7-4C: Written policies and procedures and an Emergency Preparedness Plan outline the process for meeting patient and personnel needs in a disaster or crisis situation. Part of this process is the development of specific policies and procedures and the review of them every two years. (418.113(b)(1-6)) E-0013, E-0016, E-0019, E-0023, E-0024, E-0025, (418.113(b)(1-6)(i-v)), E-0015, E-0016, E-0018, E-0020, E0022, E-0026**

Policies and procedures. The hospice must develop and implement emergency preparedness policies and procedures, the policies and procedures are reviewed every two years. Based on the emergency plan, the policies and procedures include, but are not

limited to:

1. Procedures to follow up with on duty staff and patients to determine services that are needed, in the event that there is an interruption in services during or due to an emergency. The hospice must inform state and local officials of any on-duty staff and patients that they are unable to contact
2. Procedures to inform state and local officials about hospice patients in need of evacuation from their residences at any time due to an emergency situation based on the patient's medical and psychiatric condition and home environment
3. A system of medical documentation that preserves patient information, protects confidentiality of patient information, and secures and maintains the availability of records.
4. The use of hospice employees in an emergency and other emergency staffing strategies, including the process and role for integration of state and federally designed health care professionals to address surge needs during an emergency
5. The development of arrangements with other hospices and other providers to receive patients in the event of limitations or cessation of operations to maintain the continuity of services to hospice patients
6. The following are additional requirements for hospice-operated inpatient care facilities only. The policies and procedures must address the following:
  - i. A means to shelter in place for patients, hospice employees who remain in the hospice
  - ii. Safe evacuation from the hospice, which includes consideration of care and treatment needs of evacuees; staff responsibilities; transportation; identification of evacuation location(s) and primary and alternate means of communication with external sources of assistance
  - iii. The provision of subsistence needs for hospice employees and patients, whether they evacuate or shelter in place, include, but are not limited to the following:
    - A. Food, water, medical, and pharmaceutical supplies
    - B. Alternate sources of energy to maintain the following:
      1. Temperatures to protect patient health and safety and for the safe and sanitary storage of provisions
      2. Emergency lighting
      3. Fire detection, extinguishing, and alarm systems
    - C. Sewage and waste disposal
  - iv. The role of the hospice under a waiver declared by the Secretary, in accordance with section 1135 of the Act, in the provision of care and treatment at an alternate care site identified by emergency management officials
  - v. A system to track the location of hospice employees' on-duty and sheltered patients in the hospice's care during an emergency. If the on-duty employees or sheltered patients are relocated during the emergency, the hospice must document the specific name and location of the receiving facility or other location

Evidence: Written Policies and Procedures

Evidence: Response to Interviews

Evidence: Observation

Services applicable: HIC, HSP

---

**Standard HSP7-4D: An Emergency Preparedness Plan includes the development of a communication plan that includes personnel, patients and other emergency and health care organization in same geographic area. (418.113(c)(1-7)), E-0029, E-0030, E-0031, E-0032, E-0033, E-0034**

Communication plan. The hospice must develop and maintain an emergency preparedness communication plan that complies with federal, state, and local laws and must be reviewed and updated at least every two years. The communication plan must include all of the following:

1. Names and contact information for the following:
  - Hospice employees
  - Entities providing services under arrangement
  - Patients' physicians
  - Other hospices
2. Contact information for the following:
  - Federal, state, tribal, regional, or local emergency preparedness staff
  - Other sources of assistance
3. Primary and alternate means for communicating with the following;
  - Hospice's employees
  - Federal, state, tribal, regional, and local emergency management agencies
4. A method for sharing information and medical documentation for patients under the hospice's care, as necessary, with other health care providers to maintain the continuity of care.
5. A means, in the event of an evacuation, to release patient information as permitted under 45 CFR 164.510(b)(1)(ii)
6. A means of providing information about the general condition and location of patients under the facility's care as permitted

under 45 CFR 164.510(b)(4):

- i. (4) *Use and disclosures for disaster relief purposes.* A covered entity may use or disclose protected health information to a public or private entity authorized by law or by its charter to assist in disaster relief efforts, for the purpose of coordinating with such entities the uses or disclosures permitted by paragraph (b)(1)(ii) of this section. The requirements in paragraphs (b)(2) and (3) of this section apply to such uses and disclosure to the extent that the covered entity, in the exercise of professional judgment, determines that the requirements do not interfere with the ability to respond to the emergency circumstances

7. A means of providing information about the hospice's inpatient occupancy, needs, and its ability to provide assistance, to the authority having jurisdiction, the Incident Command Center, or designee.

Evidence: Communication Plan  
Evidence: Response to Interview

Services applicable: HIC, HSP

---

**Standard HSP7-4E: An Emergency Preparedness Plan includes the process of training and testing the emergency preparedness plan. (418.113(d)(1-3)) E-0036, E-0037, E-0039**

Training and testing. The hospice must develop and maintain an emergency preparedness training and testing program. The training and testing program must be reviewed and updated at least every two years.

1. Training program. The hospice must do all of the following:
  - i. Initial training in emergency preparedness policies and procedures to all new and existing hospice employees, and individuals providing services under arrangement, consistent with their expected roles
  - ii. Demonstrate staff knowledge of emergency procedures
  - iii. Provide emergency preparedness training at least every two years
  - iv. Periodically review and rehearse its emergency preparedness plan with hospice employees (including nonemployee staff), with special emphasis placed on carrying out the procedures necessary to protect patients and others
  - v. Maintain documentation of all emergency preparedness training
  - vi. If the emergency preparedness policies and procedures are significantly updated, the hospice must conduct training on the updated policies and procedures
2. Testing. Testing for hospices that provide care in the patient's home. The hospice must conduct exercises to test the emergency plan at least annually. The hospice must do the following:
  - i. Participate in a full-scale exercise that is community-based every two years or
    - A. When a community-based exercise is not accessible, conduct an individual facility-based functional every two years; or
    - B. If the hospice experiences a natural or man-made emergency that requires activation of the emergency plan, the hospice is exempt from engaging in its next required full-scale community-based or individual facility-based functional exercise following the onset of the emergency event
  - ii. Conduct an additional exercise every two years, opposite the year the full-scale or functional exercise under 42 CFR 418.113(d)(2)(i) is conducted, that may include, but is not limited to the following:
    - A. A second full-scale exercise that is community-based or facility-based functional exercise; or
    - B. A mock disaster drill; or
    - C. A tabletop exercise or workshop that is led by a facilitator and includes a group discussion using a narrated, clinically-relevant emergency scenario, and a set of problem statements, directed messages, or prepared questions designed to challenge an emergency plan
3. Testing for hospices that provide inpatient care directly. The hospice must conduct exercises to test the emergency plan twice per year. The inpatient hospice must do the following:
  - i. Participate in an annual full-scale exercise that is community-based; or
    - A. When a community-based exercise is not accessible, conduct an annual individual facility-based functional exercise; or
    - B. If the hospice experiences a natural or man-made emergency that requires activation of the emergency plan, the hospice is exempt from engaging in its next required full-scale community-based or facility-based functional exercise following the onset of the emergency event
  - ii. Conduct an additional exercise that may include, but is not limited to the following:
    - A. A second full-scale exercise that is community-based or facility-based functional exercise; or
    - B. A mock disaster drill; or
    - C. A tabletop exercise or workshop led by a facilitator that includes a group discussion using a narrated, clinically-relevant emergency scenario, and a set of problem statements, directed messages, or prepared questions designed to challenge an emergency plan
  - iii. Analyze the hospice's response to and maintain documentation of all drills, tabletop exercises, and emergency events and revise the hospice's emergency plan, as needed

Evidence: Training Log  
Evidence: Observation  
Evidence: Response to Interviews

Services applicable: HIC, HSP

---

**Standard HSP7-4F: The Emergency Preparedness Plan identifies each separately certified facility and how each facility participated in the development of the unified and integrated program. ((418.113(e)(1-5)) E-0042**

Integrated healthcare systems. If a hospice is part of a healthcare system consisting of multiple separately certified healthcare facilities that elects to have a unified and integrated emergency preparedness program, the hospice may choose to participate in the healthcare system's coordinated emergency preparedness program. If elected, the unified and integrated emergency preparedness program must do the following:

1. Demonstrate that each separately certified facility within the system actively participated in the development of the unified and integrated emergency preparedness program
2. Be developed and maintained in a manner that takes into account each separately certified facility's unique circumstances, patient populations, and services offered
3. Demonstrate that each separately certified facility is capable of actively using the unified and integrated emergency preparedness program and is in compliance with the program
4. Include a unified and integrated emergency plan that meets the requirements of standard HSP7-4B. The unified and integrated emergency plan must also be based on and include the following:
  - i. A documented community-based risk assessment, utilizing an all-hazards approach
  - ii. A documented individual facility based risk assessment for each separately certified facility within the health system, utilizing an all-hazards approach
5. Include integrated policies and procedures that meet the requirements set forth in standard HSP7-4C, a coordinated communication plan and training and testing programs that meet the requirements of standards HSP7-4D and HSP7-4E, respectively.

Evidence: Observation  
Evidence: Response to Interviews

Services applicable: HIC, HSP

---

**Standard HSP7-5A.01: Written policies and procedures are established and implemented for identifying, monitoring, reporting, investigating, and documenting all incidents, accidents, variances, or unusual occurrences involving personnel.**

Written policies and procedures describe the process for reporting, monitoring, investigating and documenting a variance. Policies and procedures include, but are not limited to:

- Action to notify the supervisor or after-hours personnel
- Time frame for verbal and written notification
- Appropriate documentation and routing of information
- Guidelines for medical care
- Follow-up reporting to the administration/board

Written policies and procedures address compliance with OSHA guidelines regarding the recording of work-related injuries and illnesses that are diagnosed by a physician or licensed health care professional and any work-related injuries and illnesses that meet any of the specific recording criteria listed in 29 CFR 1904.8 through 1904.11, as applicable to the hospice.

Written policies and procedures identify the person(s) responsible for collecting incident data and monitoring for patterns or trends, investigating all incidents, taking necessary follow-up actions, and completing appropriate documentation.

Incidents to be reported include, but are not limited to:

- Personnel injury or endangerment
- Motor vehicle accidents when conducting agency business
- Environmental safety hazards, malfunctions or failures
- Unusual occurrences

The hospice develops a standardized form for reporting incidents. The hospice documents all incidents, accidents, variances, and unusual occurrences. The reports are distributed to management and the governing body and are reported as required by applicable law and regulation. This data is included in the Quality Assessment and Performance Improvement program. The hospice assesses and utilizes the data for reducing further safety risks.

The hospice educates all personnel on its policies and procedures for documenting and reporting incidents/variances.

Evidence: Written Policies and Procedures

Evidence: Observation

Evidence: QAPI reports

Services applicable: HIC, HSP

---

**Standard HSP7-6A: Written policies and procedures are established and implemented that address the hospice's system to ensure that they do not provide to their patients (either directly or under arrangement) outdated, mislabeled, or otherwise unusable drugs and biologicals. (418.106(e)(1)) (L693)**

Drugs and biologicals are properly labeled to ensure that the patient/family can administer them safely. Drugs and biologicals must be labeled in accordance with currently accepted professional practice and must include appropriate usage and cautionary instructions, as well as an expiration date (if applicable).

Evidence: Patient Records

Evidence: Written Policies and Procedures

**For Medicare-certified Hospices: The Hospice must comply with CFR 418.106(e)(1). See the Medicare Conditions of Participation for the full text of the regulation.**

Services applicable: HSP

---

**Standard HSP7-6B: Written policies and procedures are established and implemented for the disposal of controlled drugs that are maintained in the patient's home. (418.106(e)(2)(i)) (L694) (418.106(e)(2)(i)(A)) (L695) (418.106(e)(2)(i)(B)) (L696) (418.106(e)(2)(i)(C)) (L697)**

Written policies and procedures describe the process for disposing of controlled drugs when the drugs are no longer needed by the patient.

The hospice must have written policies and procedures for the management and disposal of controlled drugs in the patient's home. At the time when controlled drugs are first ordered the hospice must:

- Provide a copy of the hospice's written policies and procedures on the management and disposal of controlled drugs to the patient or patient representative and family
- Discuss the hospice's policies and procedures for managing the safe use and disposal of controlled drugs with the patient or representative and the family in a language and manner that they understand to ensure that these parties are educated regarding the safe use and disposal of controlled drugs
- Document in the patient's record that the written policies and procedures for managing controlled drugs was provided and discussed

Evidence: Written Policies and Procedures

Evidence: Response to Interviews

Evidence: Patient Records

Evidence: Observation

**For Medicare-certified Hospices: The Hospice must comply with CFR 418.106(e)(2), 418.106(e)(2)(i), 418.106(e)(2)(i)(A), 418.106(e)(2)(i)(B) and 418.106(e)(2)(i)(c). See the Medicare Conditions of Participation for the full text of the regulation.**

Services applicable: HSP

---

**Standard HSP7-6C: The hospice that provides inpatient care directly in its own facility must dispose of controlled drugs in compliance with the hospice policies and procedures and in accordance with state and federal requirements. The hospice must maintain current and accurate records of the receipt and disposition of all controlled drugs. (418.106(e)(2)(ii)) (L698)**

The hospice disposes of controlled drugs in compliance with its own policies and in accordance with state and federal requirements.

Discontinued, outdated, or deteriorated medications and drugs are disposed of per the hospices policies and applicable state laws and rules.

Evidence: Written Policies and Procedures

Evidence: Observation

Evidence: Response to Interviews

**For Medicare-certified Hospices: The Hospice must comply with CFR 418.106(e)(2)(ii). See the Medicare Conditions of Participation for the full text of the regulation.**

Services applicable: HIC

---

**Standard HSP7-6D: Hospice inpatient facilities store all drugs and biologicals in a secure area. (418.106(e)(3)(i)) (L699) (418.106(e)(3)(ii)) (L700)**

The hospice that provides inpatient care directly in its own facility must comply with the following additional requirements:

- All drugs and biologicals must be stored in secure areas
- All controlled drugs listed in Schedules II, III, IV, and V of the Comprehensive Drug Abuse Prevention and Control Act of 1976 must be stored in locked compartments within such secure storage areas
- Only personnel authorized to administer controlled drugs as noted in 42 CFR 418.106(d)(2) may have access to the locked compartments
- Discrepancies in the acquisition, storage, dispensing, administration, disposal, or return of controlled drugs must be investigated immediately by the pharmacist and hospice administrator and, where required reported to the appropriate state authority.
- A written account of the investigation must be made available to state and federal officials if required by law or regulation

Evidence: Observation

**For Medicare-certified Hospices: The Hospice must comply with CFR 418.106(e)(3)(i) and 418.106(e)(3)(ii). See the Medicare Conditions of Participation for the full text of the regulation.**

Services applicable: HIC

---

**Standard HSP7-7A.01: Written policies and procedures are established and implemented for the use of equipment/supplies in the provision of care to the patient.**

The written policies and procedures include, but are not limited to:

- Storage and transportation of equipment used by the hospice personnel to provide care/services
- Electrical safety of the equipment
- Use of cleaning and disinfecting agents
- Cleaning of equipment after each use
- Maintenance and repair of equipment used by the hospice personnel
- Calibration per manufacturer's guidelines, if applicable
- Requirements for dispensing of any disposable supply used in the provision of care/service
- Manufacturer recalls

Personnel implement the policies and procedures for the use of the hospice's equipment/supplies in the provision of care to the patient. The cleaning and maintenance of equipment used in the provision of care is documented. Supplies used in the provision of care are also documented.

Evidence: Written Policies and Procedures

Evidence: Observation

Services applicable: HIC, HSP

---

**Standard HSP7-7A.02: Written policies and procedures are established and implemented for the use of equipment in the performance of conducting waived tests.**

Written policies and procedures address how waived tests will be utilized in patient care for screening, treatment, or diagnostic purposes.

Written policies and procedures for the use of equipment in the performance of conducting waived tests include:

- Instructions for using the equipment
- The frequency of conducting equipment calibration, cleaning, testing, and maintenance
- Quality control procedures

Personnel follow the policies and procedures when conducting waived test.

Evidence: Written Policies and Procedures  
Evidence: Observation

Services applicable: HIC, HSP

---

**Standard HSP7-8A: The hospice ensures that durable medical equipment used for patient care is properly maintained and safe for use. (418.106(f)(1)) (L701)**

The hospice must ensure that manufacturer recommendations for performing routine and preventive maintenance on durable medical equipment are followed. The equipment must be safe and work as intended for use in the patient's environment. If a manufacturer recommendation for a piece of equipment does not exist, the hospice must ensure that repair and routine maintenance policies and procedures are developed. The hospice may use persons under contract to ensure the maintenance and repair of durable medical equipment.

Evidence: Equipment Cleaning and Maintenance Logs

**For Medicare-certified Hospices: The Hospice must comply with CFR 418.106(f)(1). See the Medicare Conditions of Participation for the full text of the regulation.**

Services applicable: HIC, HSP

---

**Standard HSP7-8B: The hospice provides patient/family education in the safe and proper use of durable medical equipment. (418.106(f)(2)) (L702)**

The hospice ensures that the patient/family receives instruction in the safe use of durable medical equipment and supplies. The hospice may use persons under contract to ensure patient/family is educated. The patient/family must be able to demonstrate the appropriate use of durable medical equipment to the satisfaction of the hospice personnel.

The instruction given to the patient/family on the use of the DME and supplies must be documented in the patient's record, as well as the patient/family's understanding of the safe use of the DME and supplies.

Evidence: Patient Records

**For Medicare-certified Hospices: The Hospice must comply with CFR 418.106(f)(2). See the Medicare Conditions of Participation for the full text of the regulation.**

Services applicable: HIC, HSP

---

**Standard HSP7-9A.01: Written policies and procedures are established and implemented for the acceptance, transportation, pick-up, and/or disposal of hazardous chemicals and/or contaminated materials used in the provision of patient care/service.**

Written policies and procedures and their implementation include the safe method of handling, labeling, storage, transportation, disposal and pick-up of hazardous wastes, hazardous chemicals and/or contaminated materials used in the home/hospice. The hospice ensures implementation by following local, state/federal guidelines and organizational policies and procedures.

Evidence: Written Policies and Procedures  
Evidence: Observation

Services applicable: HIC, HSP

---

**Standard HSP7-9A.02: Written policies and procedures are established and implemented in regard to OSHA's Hazard Communication Standards that describe appropriate labeling of hazardous chemicals and/or materials, instructions for use, and storage and disposal requirements.**

Written policies and procedures and their implementation follow OSHA's Hazard Communication Standards, which includes, but is not limited to:

- The labeling of containers of hazardous chemicals and/or materials with the identity of the material and the appropriate hazard warnings
- Current Safety Data Sheets (SDS) must be accessible to personnel
- The proper use, storage, and disposal of hazardous chemicals and/or materials
- The use of appropriate personal protective equipment (PPE)

Written policies and procedures address how personnel handle an exposure to a hazardous product while in the home environment.

Evidence: Written Policies and Procedures

Evidence: Observation

Services applicable: HIC, HSP

---

**Standard HSP7-10A: Hospice inpatient facilities provide a home-like atmosphere and ensure that patient areas are designed to preserve the dignity, comfort, and privacy of patients. (418.110(f)(1-2)) (L729) (418.110(g)(1-4)) (L730) (418.110(h)) (L731) (418.110(i)(1-2)) (L732)**

The hospice inpatient facility provides:

- Physical space for private patient and family visiting
- Accommodations for family members to remain with the patient throughout the night
- Physical space for family privacy after a patient's death
- The opportunity for patients to receive visitors at any hour, including infants and small children
- The patient rooms:
  - Are at or above grade level
  - Contain a suitable bed and other appropriate furniture for each patient
  - Have closet space that provides security and privacy for clothing and personal belongings
  - Accommodate no more than two patients and their family members
  - Provide at least 80 square feet for each patient residing in a double room and at least 100 square feet for each patient residing in a single room
  - Are equipped with an easily-activated, functioning device accessible to the patient, that is used for calling for assistance
  - Are designed and equipped for nursing care, as well as the dignity, comfort, and privacy of patients
  - Are equipped with or are located near toilet and bathing facilities
  - Have an adequate supply of hot water at all times
  - Have plumbing fixtures with control valves that automatically regulate the temperature of the hot water used by patients
  - Have home-like décor and function

The hospice must accommodate a patient and family request for a single room whenever possible.

For a facility occupied by a Medicare-participating hospice on December 2, 2008, CMS may waive the space and occupancy requirements of paragraphs (g)(2)(iv) and (g)(2)(v) of 42 CFR 418.110 if it determines that:

- Implementation would result in unreasonable hardship on the hospice if strictly enforced or jeopardize its ability to continue to participate in the Medicare program
- The waiver serves the needs of the patient and does not adversely affect their health and safety

Evidence: Observation

**For Medicare-certified Hospices: The Hospice must comply with CFR 418.110(f), 418.110(f)(1), 418.110(f)(1)(i), 418.110(f)(1)(ii), 418.110(f)(1)(iii), 418.110(f)(2), 418.110(g), 418.110(g)(1), 418.110(g)(2), 418.110(g)(3), 418.110(g)(3)(i), 418.110(g)(3)(ii), 418.110(g)(3)(iii), 418.110(g)(3)(iv), 418.110(g)(3)(v), 418.110(g)(3)(vi), 418.110(g)(4), 418.110(g)(4)(i), 418.110(g)(4)(ii), 418.110(h), 418.110(i), 418.110(i)(1) and 418.110(i)(2). See the Medicare Conditions of Participation for the full text of the regulation.**

Services applicable: HIC

---

**Standard HSP7-10B: For Hospice inpatient facilities, written policies and procedures are established and implemented in regard to maintaining a safe physical environment free of hazards for patients, staff and visitors. (418.110(c)) (L724)**

The facility follows its policies and procedures for the promotion of a safe environment. These include, but are not limited to:

- The securing of access into the building or patient care areas
- Visitor entrance or check-in
- Access or availability of assistance for security and safety when needed (e.g., security staff, police, sheriff)
- Minimize workplace violence

Evidence: Observation

Evidence: Written policies and procedures

**For Medicare-certified Hospices: The Hospice must comply with CFR 418.110(c). See the Medicare Conditions of**



**Participation for the full text of the regulation.**

Services applicable: HIC

---

**Standard HSP7-10C: For hospice inpatient facilities, written policies and procedures are established and implemented for maintaining the sanitation and cleanliness of the environment. (418.110(k)) (L734)**

The personnel consistently implement housekeeping procedures. Housekeeping may be provided by facility personnel or by another agency.

The hospice provides a sanitary environment by following current standards of practice, including nationally recognized infection control precautions and avoids sources and transmission of infections and communicable diseases.

Evidence: Observation

**For Medicare-certified Hospices: The Hospice must comply with CFR 418.110(k). See the Medicare Conditions of Participation for the full text of the regulation.**

Services applicable: HIC

---

**Standard HSP7-10D: The hospice inpatient facility provides suitable linens for the care of the patient. (418.110(L)) (L735)**

The hospice must have available at all times a quantity of clean linen in sufficient amounts for all patient uses. Linens must be handled, stored, processed, and transported in such a manner as to prevent the spread of contaminants.

Evidence: Observation

**For Medicare-certified Hospices: The Hospice must comply with CFR 418.110(l). See the Medicare Conditions of Participation for the full text of the regulation.**

Services applicable: HIC

---

**Standard HSP7-10E: The hospice inpatient facility furnishes meals to each patient. (418.110(m)(1-3)) (L736)**

The facility has mechanisms for providing safe and sanitary food storage, preparation, and distribution in accordance with state and federal laws and regulations. Patients are provided assistance with eating when needed.

The hospice furnishes meals to each patient that are:

- Consistent with the patient's plan of care, nutritional needs, and therapeutic diet
- Palatable, attractive, and served at the proper temperature
- Obtained, stored, prepared, distributed, and served under sanitary conditions

Evidence: Observation

Evidence: Response to Interviews

**For Medicare-certified Hospices: The Hospice must comply with CFR 418.110(m), 418.110(m)(1), 418.110(m)(2) and 418.110(m)(3). See the Medicare Conditions of Participation for the full text of the regulation.**

Services applicable: HIC

# Appendix A: Standard Service Table for Selected Services

Standard	HIC	HSP
HSP1-1A	X	X
HSP1-1A.01	X	X
HSP1-1B	X	X
HSP1-2A	X	X
HSP1-2B	X	X
HSP1-2B.03	X	X
HSP1-3A.01	X	X
HSP1-4A	X	X
HSP1-4B	X	X
HSP1-4B.01	X	X
HSP1-5A.01	X	X
HSP1-6A	X	X
HSP1-7A.01	X	X
HSP1-8A	X	X
HSP1-8A.01	X	X
HSP1-8B		X
HSP1-8C		X
HSP1-9A	X	X
HSP1-10A		X
HSP1-10B	X	
HSP1-11A		X
HSP1-12A	X	X
HSP2-1A	X	X
HSP2-2A	X	X
HSP2-2B	X	X
HSP2-3A	X	X
HSP2-4A	X	X
HSP2-4A.01	X	X
HSP2-5A	X	X
HSP2-5A.01	X	X
HSP2-6A	X	X
HSP2-6A.01	X	X
HSP2-7A.01	X	X
HSP2-8A.01	X	X
HSP2-8A.02	X	X
HSP2-9A.01	X	X
HSP2-10A	X	X
HSP2-11A	X	X
HSP2-11B	X	X
HSP2-11B.01	X	X
HSP2-11B.02	X	X
HSP2-11C	X	X
HSP2-11D	X	X
HSP2-11E	X	X
HSP2-11F	X	X
HSP2-11F.01	X	X
HSP2-11G	X	X
HSP2-11H	X	X
HSP2-12A	X	X
HSP2-12B	X	X
HSP2-13A	X	X
HSP2-13B	X	X
HSP2-14A	X	X
HSP2-15A	X	X
HSP2-15B	X	X
HSP2-15C	X	X
HSP2-15D		X
HSP2-15E	X	X
HSP2-15F	X	X

HSP2-16A.01	X	
HSP2-16A.02	X	
HSP2-16B	X	
HSP2-16C		X
HSP2-16D.01	X	
HSP2-16E		X
HSP2-17A	X	
HSP2-17B	X	
HSP2-17C	X	
HSP3-1A.01	X	X
HSP3-2A.01	X	X
HSP3-3A.01	X	X
HSP3-3B.02	X	X
HSP3-4A	X	X
HSP3-5A.01	X	X
HSP3-6A		X
HSP4-1A.01	X	X
HSP4-1A.02	X	X
HSP4-1B.01	X	X
HSP4-2B	X	X
HSP4-2C.01	X	X
HSP4-2D.01	X	X
HSP4-2E.01	X	X
HSP4-2F.01	X	X
HSP4-2H	X	X
HSP4-2I.01	X	X
HSP4-2J.01	X	X
HSP4-2K	X	X
HSP4-4A	X	X
HSP4-4A.01	X	X
HSP4-4B	X	X
HSP4-5B.01	X	X
HSP4-5B.02	X	X
HSP4-6A	X	X
HSP4-6A.01	X	X
HSP4-6B	X	X
HSP4-7A	X	X
HSP4-7B	X	X
HSP4-7C	X	X
HSP4-8A	X	X
HSP4-9A	X	
HSP4-10A.03	X	X
HSP4-11A	X	X
HSP4-11B	X	X
HSP4-11C.01	X	X
HSP4-11D	X	X
HSP4-11D.01	X	X
HSP4-11E	X	X
HSP4-11F.01	X	X
HSP4-11G	X	X
HSP4-11G.01	X	X
HSP4-11H	X	X
HSP4-11I	X	X
HSP4-11J.01	X	X
HSP4-11K	X	X
HSP4-11L	X	X
HSP4-11M	X	X
HSP4-11N	X	X
HSP4-11O	X	X
HSP4-12A	X	X
HSP4-12B	X	X
HSP4-12B.01	X	X
HSP4-12C	X	X

HSP4-12D	X	X
HSP4-13A	X	X
HSP4-13B	X	X
HSP4-13C	X	X
HSP4-14B	X	
HSP4-15A.01	X	
HSP5-1A	X	X
HSP5-1A.01	X	X
HSP5-1B	X	X
HSP5-2A.01	X	X
HSP5-3A.01	X	X
HSP5-3B	X	X
HSP5-3C	X	X
HSP5-3C.01	X	X
HSP5-3D	X	X
HSP5-3E	X	X
HSP5-3F	X	X
HSP5-3G	X	X
HSP5-4A	X	X
HSP5-4B	X	X
HSP5-4C	X	X
HSP5-4D		X
HSP5-4E	X	
HSP5-4F	X	X
HSP5-5A	X	X
HSP5-5B.01	X	X
HSP5-6A	X	X
HSP5-6A.01	X	X
HSP5-6A.02	X	X
HSP5-7A	X	X
HSP5-7B	X	X
HSP5-7B.01	X	X
HSP5-8A	X	X
HSP5-8B	X	X
HSP5-9A.01	X	X
HSP5-10A.01	X	X
HSP5-11A	X	X
HSP5-12A		X
HSP5-13A.01	X	X
HSP5-14A.01	X	X
HSP5-14A.02	X	X
HSP6-1A	X	X
HSP6-1B	X	X
HSP6-2A	X	X
HSP6-2B	X	X
HSP6-3A	X	X
HSP6-4A	X	X
HSP6-5A.01	X	X
HSP6-6A	X	X
HSP6-6B	X	X
HSP6-6B.01	X	X
HSP6-6B.02	X	X
HSP6-6B.03	X	X
HSP6-6B.04	X	X
HSP6-6C	X	X
HSP6-7A	X	X
HSP7-1A	X	X
HSP7-1B	X	X
HSP7-1C	X	X
HSP7-1D.01	X	
HSP7-2A.01	X	X
HSP7-2A.02		X
HSP7-3A.01		X

HSP7-3B.01		X
HSP7-3C	X	
HSP7-3D	X	
HSP7-3E	X	X
HSP7-4B	X	X
HSP7-4C	X	X
HSP7-4D	X	X
HSP7-4E	X	X
HSP7-4F	X	X
HSP7-5A.01	X	X
HSP7-6A		X
HSP7-6B		X
HSP7-6C	X	
HSP7-6D	X	
HSP7-7A.01	X	X
HSP7-7A.02	X	X
HSP7-8A	X	X
HSP7-8B	X	X
HSP7-9A.01	X	X
HSP7-9A.02	X	X
HSP7-10A	X	
HSP7-10B	X	
HSP7-10C	X	
HSP7-10D	X	
HSP7-10E	X	

**Appendix B: Reference Guide for Required Documents, Policies and Procedures**  
 Customized for: HIC, HSP

Standard #	Documents, Policies and Procedures	Agency Notes
HSP1-1A.01	Written Policies and Procedures	
HSP1-1B	Written Policies and Procedures	
HSP1-2B	Written Policies and Procedures	
HSP1-3A.01	Written Policies and Procedures	
HSP1-6A	Written Policies and Procedures	
HSP1-10A	Written Policies and Procedures	
HSP1-10B	Written Policies and Procedures	
HSP1-12A	Written Policies and Procedures	
HSP2-1A	Written Policies and Procedures	
HSP2-2A	Written Policies and Procedures	
HSP2-3A	Written Policies and Procedures	
HSP2-4A	Written Policies and Procedures	
HSP2-5A	Written Policies and Procedures	
HSP2-6A	Written Policies and Procedures	
HSP2-6A.01	Written Policies and Procedures	
HSP2-7A.01	Written Policies and Procedures	
HSP2-8A.01	Written Policies and Procedures	
HSP2-8A.02	Written Policies and Procedures	
HSP2-9A.01	Written Policies and Procedures	
HSP2-11B.01	Written Policies and Procedures	
HSP2-11F	Written Policies and Procedures	
HSP2-11F.01	Written Policies and Procedures	
HSP2-11G	Written Policies and Procedures	
HSP2-11H	Written Policies and Procedures	
HSP2-14A	Written Policies and Procedures	
HSP2-15B	Written Policies and Procedures	
HSP2-15F	Written Policies and Procedures	
HSP2-16A.01	Written Policies and Procedures	
HSP2-16A.02	Written Policies and Procedures	
HSP2-16D.01	Written Policies and Procedures	
HSP2-17A	Written Policies and Procedures	
HSP3-3A.01	Written Policies and Procedures	
HSP3-4A	Written Policies and Procedures	
HSP4-1A.01	Written Policies and Procedures	
HSP4-2C.01	Written Policies and Procedures	
HSP4-2D.01	Written Policies and Procedures	
HSP4-2H	Written Policies and Procedures	
	Personnel Files	
HSP4-2I.01	Written Policies and Procedures and/or Employee Handbook	
HSP4-2J.01	Written Policies and Procedures	
HSP4-4A	Written Policies and Procedures	
HSP4-5B.01	Written Policies and Procedures	
HSP4-5B.02	Written Policies and Procedures	
HSP4-6A	Written Policies and Procedures	
HSP4-6A.01	Written Policies and Procedures	

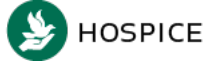
HSP4-6B	Written Policies and Procedures	
HSP4-7A	Written Policies and Procedures	
HSP4-7C	Aide Competency Program	
HSP4-10A.03	Written Policies and Procedures	
HSP4-11A	Written Policies and Procedures	
HSP4-11C.01	Written Policies and Procedures	
HSP4-11D.01	Written Policies and Procedures	
HSP4-11F.01	Written Policies and Procedures	
HSP4-11G.01	Written Policies and Procedures	
HSP4-11L	Written Policies and Procedures	
HSP4-11M	Written Policies and Procedures	
HSP4-11N	Written Policies and Procedures and/or Job Description	
HSP4-11O	Written Policies and Procedures and/or Job Description	
HSP4-12A	Written Policies and Procedures	
HSP4-12B	Written Policies and Procedures	
HSP4-12B.01	Written Policies and Procedures	
HSP4-12D	Written Policies and Procedures	
HSP5-1A.01	Written Policies and Procedures	
HSP5-1B	Written Policies and Procedures	
HSP5-2A.01	Written Policies and Procedures	
HSP5-3A.01	Written Policies and Procedures	
HSP5-5A	Written Policies and Procedures	
HSP5-6A.01	Written Policies and Procedures	
HSP5-6A.02	Written Policies and Procedures	
HSP5-8A	Written Policies and Procedures	
HSP5-8B	Written Policies and Procedures	
HSP5-9A.01	Written Policies and Procedures	
HSP5-10A.01	Written Policies and Procedures	
HSP5-11A	Written Policies and Procedures	
HSP5-12A	Written Policies and Procedures	
HSP5-13A.01	Written Policies and Procedures	
HSP5-14A.01	Written Policies and Procedures	
HSP5-14A.02	Written Policies and Procedures	
HSP6-1A	Written Policies and Procedures/QAPI Plan	
HSP6-7A	Written Policies and Procedures	
HSP7-1A	Written Policies and Procedures	
HSP7-2A.01	Written Policies and Procedures	
HSP7-2A.02	Written Policies and Procedures	
HSP7-3A.01	Written Policies and Procedures	
HSP7-3B.01	Written Policies and Procedures	
HSP7-3C	Written Policies and Procedures	
HSP7-3D	Written Policies and Procedures	
HSP7-3E	Utilities Management Plan	
HSP7-4C	Written Policies and Procedures	
HSP7-5A.01	Written Policies and Procedures	
HSP7-6A	Written Policies and Procedures	
HSP7-6B	Written Policies and Procedures	
HSP7-6C	Written Policies and Procedures	
HSP7-7A.01	Written Policies and Procedures	

HSP7-7A.02	Written Policies and Procedures	
HSP7-9A.01	Written Policies and Procedures	
HSP7-9A.02	Written Policies and Procedures	
HSP7-10B	Written policies and procedures	



# ITEMS NEEDED FOR ON-SITE SURVEY

## MEDICARE CERTIFICATION AND RECERTIFICATION



Below are items that will need to be reviewed by the Surveyor during your on-site survey. Please have these items available prior to your Surveyor's arrival to expedite the process. If you have any questions, please contact your personal Account Advisor.

- Number of unduplicated admissions per Medicare Provider number during the past 12 months (or since start of operation if less than one year)
- Number of unduplicated admissions per multiple location served under the parent Medicare provider number during the past 12 months (or since start of operation if less than one year)
- Current patient census, complete with start-of-care date, admitting diagnosis, and disciplines providing care
- Current schedule of patient visits
- Discharge/transfer/revocation patient census for past 12 months (or since start of operation if less than one year)
- List of individuals receiving bereavement services
- Personnel list with title, discipline, and hire date (including direct care contract staff and volunteers)
- Any survey results from the past year
- Admission packet and education materials given to patients
- Staff meeting minutes for the past 12 months
- Any internal Plans of Correction based on identified deficiencies along with audit results

Annual requirements are not applicable to agencies in operation for less than one year. Unduplicated admissions refer to all patients admitted one time during the past 12 months regardless of payor.

ACHC Standard	Required Item	Located
HSP1-1A	Copy of current applicable licenses or permits and copy of articles of incorporation/bylaws	
HSP1-1A.01	Access to policies and procedures manual with the following policies flagged: <ul style="list-style-type: none"> <li>• HSP2-9A.01 Compliance Plan</li> <li>• HSP4-7A Competency assessment policy</li> <li>• HSP5-1B HIPAA policies</li> <li>• HSP5-10A.01 Levels of care policies</li> <li>• HSP7-6B Disposal of controlled drugs policy</li> <li>• HSP7-4C Emergency Preparedness Plan/Policies</li> </ul>	
HSP1-1A.01	All required federal and state posters are placed in a prominent location	
HSP1-1B	Current 855A/CMS approval letter	
HSP1-2A	Evidence hospice is able to provide all core services, non-core services, and all four levels of care	
HSP1-2B/HSP1-2B.03/ HSP1-3A.01/HSP2-7A.01/ HSP3-1A.01/HSP4-12D/	Governing body meeting minutes for the past 12 months and documentation of orientation and signed confidentiality statement(s); List of governing body members	

ACHC Standard	Required Item	Located
HSP1-3A.01	Governing body as well as personnel have a signed conflict of interest disclosure statement (if applicable)	
HSP1-4B.01	Annual evaluation of the Administrator	
HSP1-5A.01	Organizational chart	
HSP1-8A/HSP1-8A.01	Contracts for direct care, including copies of professional liability insurance certificates as well as evidence of monitoring contracted services	
HSP1-8B	Contracts for short-term inpatient care (respite and short-term pain and symptom management)	
HSP1-8C	Contracts for hospice patients residing in SNF/NF or ICF/IID receiving routine hospice care	
HSP1-9A	CLIA certificate of waiver for agency and/or CLIA certificate for reference laboratory	
HSP1-11A	CMS letter of approval for multiple locations addition (if applicable)	
HSP1-12A	Verification of physician licensure	
HSP2-1A	Marketing materials	
HSP2-3A	Grievance/complaint log	
HSP2-5A.01	Business Associate Agreements (BAAs) for non-covered entities	
HSP2-7A.01	Evidence of how ethical issues are identified, evaluated, and discussed	
HSP2-8A.01	Evidence of communication assistance for language barriers	
HSP2-10A	On-call calendar	
HSP2-9A.01	Evidence of a Compliance Program	
HSP2-11B.01	Written explanation of attending physician responsibilities	
HSP2-11D	Nursing waiver (if applicable)	
HSP2-11F & HSP5-5B.01	Bereavement program materials	
HSP2-11F.01	Counseling resources for bereaved individuals whose needs cannot be met by the hospice	
HSP2-12A	Contract(s) for non-core services; this includes but is not limited to PT, OT, ST	
HSP2-12B	Therapy and dietary counseling waiver (if applicable)	
HSP2-13B	Contract(s) for DME provider and copy of certificate of accreditation	
HSP3-1A.01	Most recent annual operating budget	
HSP3-3B.02	Recent Medicare cost report (N/A for initial Medicare certification)	
HSP3-4A	Listing of patient care charges	
HSP3-6A	Hospice inpatient CAP report	
HSP4-1B.01	Personnel records contain evidence of the items listed in the standard. Surveyor will review personnel records for the following disciplines (at a minimum): Administrator, Alternate Administrator, Director of Clinical Services, Alternate Director of Clinical Services, Medical Director, Nurses, Social Worker, Spiritual Care Provider, Volunteer Coordinator, Volunteer, Bereavement Coordinator, Hospice Aide, Physical Therapist, Occupational Therapist, Speech Therapist	
HSP4-2E.01	Job descriptions for identified staff	
HSP4-2I.01	Employee handbook or access to personnel policies	

ACHC Standard	Required Item	Located
HSP4-4B	Training logs/materials used to educate SNF/NF or ICF/IID staff	
HSP4-5B.01, HSP4-5B.02, HSP4-6A/HSP4-6A.01	Evidence of ongoing education and/or a written education plan and evidence of required training	
HSP4-6B/HSP4-7B/HSP4-7C/HSP4-8A	Hospice aide competency evaluation and/or training materials	
HSP4-11A	Evidence of a designated Medical Director and Alternate Medical Director (if under arrangement, must have a signed contract for both)	
HSP4-12A & HSP4-4A	Evidence of volunteer orientation	
HSP4-12B	Evidence of the ability to provide direct care and administrative volunteers	
HSP4-12C	Current volunteer cost savings report	
HSP4-12D	Current volunteer activity report	
HSP5-1A & HSP5-1A.01	Patient records contain all required items as identified in the standards	
HSP5-3C.01	Evidence of the submission of Hospice Information Set (HIS) admission and discharge data (N/A for initial Medicare certification surveys)	
HSP5-4A	Plans of care contain all required items as identified in the standard	
HSP5-9A.01	Referral log and community referral resources	
HSP6-1A	Quality Assessment and Performance Improvement (QAPI) program	
HSP6-1B	Job description for the individual responsible for the QAPI program	
HSP6-2A	Governing body meeting minutes demonstrate involvement of governing body and organizational leaders in QAPI	
HSP6-2B	Evidence of personnel involvement in QAPI	
HSP6-3A/HSP6-4A	QAPI annual report	
HSP6-4A	Completed QAPI projects for past 12 months	
HSP6-6A	Evidence of monitoring of an aspect related to patient care (high risk, high volume, problem prone)	
HSP6-6B	Evidence of data elements collected from the comprehensive assessment are monitored and utilized in QAPI	
HSP6-6B.01	Evidence of chart audit results utilized in QAPI	
HSP6-6B.02	Satisfaction surveys utilized in QAPI	
HSP6-6B.03	Grievance log and evidence of monitoring of patient grievances/complaints	
HSP6-6B.04	Evidence of monitoring of an aspect related to administrative function of the agency	
HSP6-6C	Evidence of written corrective action plans for any QAPI projects that did not meet desired outcomes	
HSP6-7A/HSP2-4A/HSP7-5A.01	Incident log and evidence of monitoring of all patient grievances and complaints	
HSP7-1A	Evidence of an Infection Control Plan, Annual TB Agency Assessment, TB exposure control plan, and OSHA Bloodborne Pathogens plan	

ACHC Standard	Required Item	Located
HSP7-1C	Infection control logs for patients and personnel and evidence infection control data is monitored and incorporated into QAPI as appropriate	
HSP7-3A.01	Report of annual fire drill and results of testing of emergency power systems	
HSP7-4B	Emergency Preparedness Plan that includes the all-hazards risk assessment	
HSP7-4D	Communication Plan	
HSP7-4E	Evidence of emergency preparedness training for all existing and new staff, including staff that provide services under arrangement	
HSP7-4E	Evidence of a minimum of one test completed annually <ul style="list-style-type: none"> <li>• One is a community-based or facility-based functional exercise, and the opposite year of the full-scale- exercise <ul style="list-style-type: none"> <li>• A community-based or a facility-based functional exercise, or a mock disaster drill or a tabletop exercise or workshop, that is led by a facilitator. The tabletop exercise or workshop must include a group discussion using a narrated, clinically-relevant emergency scenario, and a set of problem statements, directed messages, or prepared questions designed to challenge an emergency plan</li> </ul> </li> </ul>	
HSP7-4F	Emergency plan for integrated healthcare systems can demonstrate that the hospice's needs and circumstances, patient population, and services offered were included in all aspects of the emergency preparedness requirements( if applicable)	
HSP7-5A.01	OSHA forms 300, 300A, and/or 301 (if applicable)	
HSP7-7A.01/HSP7-8A	Maintenance logs of any equipment used in the provision of care	
HSP7-9A.02	Access to Safety Data Sheets (SDS)	

## GLOSSARY OF TERMS



FOR PROVIDERS.  
BY PROVIDERS.

**All-Hazards Approach:** An all-hazards approach is an integrated approach to emergency preparedness that focuses on identifying hazards and developing emergency preparedness capacities and capabilities that can address those as well as a wide spectrum of emergencies or disasters. This approach includes preparedness for natural, man-made, and or facility emergencies that may include but is not limited to: care-related emergencies; equipment and power failures; interruptions in communications, including cyber-attacks; loss of a portion or all of a facility; and, interruptions in the normal supply of essentials, such as water and food. Planning for using an all-hazards approach should also include emerging infectious disease (EID) threats. Examples of EIDs include Influenza, Ebola, Zika Virus and others. All facilities must develop an all-hazards emergency preparedness program and plan.

**Bereavement Counseling:** Emotional, psychosocial, and spiritual support and services provided before and after the death of the patient to assist with issues related to grief, loss, and adjustment.

**Bylaws:** A set of rules adopted by a hospice agency for governing the agency's operation.

**Cap Period (Medicare-Certified Hospice Agency):** The 12-month period ending October 31 used in the application of the cap on overall hospice reimbursement specified in §418.309.

**Clinical Note (Medicare-Certified Hospice Agency):** A notation of a contact with the patient and/or the family that is written and dated by any person providing services and that describes signs and symptoms, treatments and medications administered and the patient's reaction and/or response, and any changes in physical, emotional, psychosocial, or spiritual condition during a given period of time.

**Comprehensive Assessment:** A thorough evaluation of the patient's physical, psychosocial, emotional, and spiritual status related to the terminal illness and related conditions. This includes a thorough evaluation of the caregiver's and family's willingness and capability to care for the patient.

**Core Services:** Hospice must routinely provide substantially all core services directly by hospice employees. These services must be provided in a manner consistent with acceptable standards of practice. These services include nursing services, medical social services, and counseling.

**Disaster:** A hazard impact causing adverse physical, social, psychological, economic or political effects that challenges the ability to respond rapidly and effectively. Despite a stepped-up capacity and capability (call-back procedures, mutual aid, etc.) and change from routine management methods to an incident command/management process, the outcome is lower than expected compared with a smaller scale or lower magnitude impact (see "emergency" for important contrast between the two terms). Reference: Assistant Secretary for Preparedness and Response (ASPR) 2017-2022 Health Care Preparedness and Response Capabilities Document (ICDRM/GWU Emergency Management Glossary of Terms) (November 2016).

**Dietary Counseling (Medicare-Certified Hospice Agency):** 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 a Registered Nurse, dietitian, or nutritionist, when identified in the patient's plan of care.

**Emergency/Disaster:** An event that can affect the facility internally as well as the overall target population or the community at large or community or a geographic area.

**Emergency:** A hazard impact causing adverse physical, social, psychological, economic or political effects that challenges the ability to respond rapidly and effectively. It requires a stepped-up capacity and capability (call-back procedures, mutual aid, etc.) to meet the expected outcome, and commonly requires change from routine management methods to an incident command process to achieve the expected outcome (see “disaster” for important contrast between the two terms). Reference: Assistant Secretary for Preparedness and Response (ASPR) 2017-2022 Health Care Preparedness and Response Capabilities Document (ICDRM/GWU Emergency Management Glossary of Terms) (November 2016).

**Emergency Plan:** An emergency plan provides the framework for the emergency preparedness program. The emergency plan is developed based on facility- and community-based risk assessments that assist a facility in anticipating and addressing facility, patient, staff and community needs and support continuity of business operations.

**Emergency Preparedness Program:** The Emergency Preparedness Program describes a facility’s comprehensive approach to meeting the health, safety and security needs of the facility, its staff, their patient population and community prior to, during and after an emergency or disaster. The program encompasses four core elements: an Emergency Plan that is based on a Risk Assessment and incorporates an all hazards approach; Policies and Procedures; Communication Plan; and the Training and Testing Program.

**Employee (Medicare-Certified Hospice Agency):** A person who: (1) works for the hospice and for whom the hospice is required to issue a W-2 form; or (2) if the hospice is a subdivision of an agency or organization, an employee of the agency or organization who is assigned to the hospice; or (3) is a volunteer under the jurisdiction of the hospice.

**Facility-Based:** We consider the term “facility-based” to mean the emergency preparedness program is specific to the facility. It includes but is not limited to hazards specific to a facility based on its geographic location; dependent patient/resident/client and community population; facility type and potential surrounding community assets, i.e. rural area versus a large metropolitan area.

**Full-Scale Exercise:** A full-scale exercise is an operations-based exercise that typically involves multiple agencies, jurisdictions, and disciplines performing functional (for example, joint field office, emergency operation centers, etc.) and integration of operational elements involved in the response to a disaster event, i.e. “boots on the ground” response activities (for example, hospital staff treating mock patients).

**Functional exercises:** Functional exercises focus on exercising plans, policies, procedures, and staff members involved in management, direction, command, and control functions. In comparison to a full-scale exercise, a functional exercise involves fewer participants and the movement of personnel and equipment is simulated.

**Hospice:** A public agency or private organization or subdivision of either of these that is primarily engaged in providing care to terminally ill individuals.

**Hospice Care:** A comprehensive set of services described in Section 1861(dd)(1) of the Social Security Act, identified and coordinated by an Interdisciplinary Group (IDG)/Interdisciplinary Team (IDT) to provide for the physical, psychosocial, spiritual, and emotional needs of a terminally ill patient and/or family members, as delineated in a specific patient plan of care.

**Initial Assessment:** An evaluation of the patient’s physical, psychosocial, and emotional status related to the terminal illness and related conditions to determine the patient’s immediate care and support needs.

**Interdisciplinary Group (Medicare-Certified Hospice Agency)/ Interdisciplinary Team:** The Interdisciplinary Group (IDG)/ Interdisciplinary Team (IDT) is composed of individuals who work together to meet the physical, medical, psychosocial, emotional, and spiritual needs of hospice patients and families facing terminal illness and bereavement.

**Mock Disaster Drill:** A mock disaster drill is the practice of how to save lives in a real time situation. The drill addresses any kind of disaster that occurs with no advance notice, or very little time to implement.

**Multiple Location (Medicare-Certified Hospice Agency):** A Medicare-approved location from which the hospice provides the same full range of hospice care and services that are required of the hospice issued the certification number. A multiple location must meet all of the Conditions of Participation applicable to hospices.

**Nonprofit Agency:** An agency exempt from federal income taxation under section 501 of the Internal Revenue Code of 1954.

**Palliative Care:** 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 facilitating patient autonomy, access to information, and choice. ACHC Palliative Care Standards are based on the National Consensus Project Clinical Practice Guidelines for Quality Palliative Care.

**Progress Note:** A written notation dated and signed by a member of the health team that summarizes facts about care furnished and the patient's response during a given period of time.

**Proprietary Agency:** A private, profit-making agency licensed by the state.

**Pseudo-patient:** A person trained to participate in a role-play situation or a computer-based mannequin device. A pseudo-patient must be capable of responding to and interacting with the hospice aide trainee and must demonstrate the general characteristics of the primary patient population served by the hospice in key areas such as age, frailty, functional status, cognitive status and care goals.

**Public Agency:** An agency operated by a state or local government.

**Representative (Medicare-Certified Hospice Agency):** An individual who has the authority under state law (whether by statute or pursuant to an appointment by the courts of the state) to authorize or terminate medical care or to elect or revoke the election of hospice care on behalf of a terminally ill patient who is mentally or physically incapacitated. This may include a legal guardian.

**Restraint (Medicare-Certified Hospice Agency):**

1. Any manual method, physical or mechanical device, material, or equipment that immobilizes or reduces the ability of a patient to move his or her arms, legs, body, or head freely, not including devices such as orthopedically prescribed devices, surgical dressings or bandages, protective helmets, or other methods that involve the physical holding of a patient for the purpose of conducting routine physical examinations or tests, or to protect the patient from falling out of bed, or to permit the patient to participate in activities without the risk of physical harm (this does not include a physical escort); or
2. A drug or medication that, when used as a restriction to manage the patient's behavior or restrict the patient's freedom of movement, is not a standard treatment or dosage for the patient's condition.

**Risk Assessment:** The term "risk assessment" describes a process facilities use to assess and document potential hazards that are likely to impact their geographical region, community, facility and patient population and identify gaps and challenges that should be considered and addressed in developing the emergency preparedness program. The term risk assessment is meant to be comprehensive, and may include a variety of methods to assess and document potential hazards and their impacts. The healthcare industry has also referred to risk assessments as a Hazard Vulnerability Assessments or Analysis (HVA) as a type of risk assessment commonly used in the healthcare industry.

**Seclusion (Medicare-Certified Hospice Agency):** The involuntary confinement of a patient alone in a room or an area from which the patient is physically prevented from leaving.

**Simulation:** Is a training and assessment technique that mimics the reality of the homecare environment, including environmental distractions and constraints that evoke or replicate substantial aspects of the real world in a fully interactive fashion, in order to teach and assess proficiency in performing skills, and to promote decision making and critical thinking.

**Staff:** The term "staff" refers to all individuals that are employed directly by a facility. The phrase "individuals providing services under arrangement" means services furnished under arrangement that are subject to a written contract conforming with the requirements specified in section 1861(w) of the Act.

**Summary Report:** The compilation of the pertinent factors of a patient's clinical notes and progress notes that is submitted to the patient's physician.

**Tabletop Exercise (TTX):** A tabletop exercise involves key personnel discussing simulated scenarios in an informal setting. TTXs can be used to assess plans, policies, and procedures. A tabletop exercise is a discussion-based exercise that involves senior staff, elected or appointed officials, and other key decision making personnel in a group discussion centered on a hypothetical scenario. TTXs can be used to assess plans, policies, and procedures without deploying resources.

**Terminally Ill (Medicare-Certified Hospice Agency):** Classification of a patient whose diagnosis puts life expectancy at six months or less if the illness runs its normal course.



# GLOSSARY OF PERSONNEL QUALIFICATIONS



FOR PROVIDERS.  
BY PROVIDERS.

**Allied Health Personnel:** Licensed Practical Nurses (LPN), Physical Therapy Assistants (PTA), Occupational Therapy Assistants (COTA), Speech Therapy Assistants, or other health professionals as defined in occupational licensure laws that are subject to supervision by a health professional.

## **Attending Physician (Medicare-Certified Hospice Agency):**

1. Doctor of medicine or osteopathy legally authorized to practice medicine and surgery by the state in which he or she performs that function or action; or is identified by the individual, at the time he or she elects to receive hospice care, as having the most significant role in the determination and delivery of the individual's medical care.
2. A nurse practitioner is defined as a registered nurse who is permitted to perform such services as legally authorized to perform (in the state in which the services are performed) in accordance with State law (or State regulatory mechanism provided by State law) and who meets training, education and experience requirements described in 42 CFR 410.75.
3. Physician Assistant is defined as a professional who has graduated from an accredited physician assistant educational program who performs such services as he or she is legally authorized to perform (in the State in which the services are performed) in accordance with State law (or State regulatory mechanism provided by State law) and who meets the training, education, and experience requirements as the Secretary may prescribe. The PA qualifications for eligibility for furnishing services under the Medicare program can be found in the regulations at 42 CFR 410.74 (c).

**Chief Executive Officer:** The person who heads an organization and has the authority and responsibility, as delegated by the governing body, to accomplish program-specific goals and objectives, implement program policy, and manage personnel and resources.

**Experienced Professional:** A professional with at least one year of work experience.

**Health Professional:** A licensed healthcare provider authorized to supervise other personnel as defined in applicable occupational licensure laws and regulations.

## **Hospice Aide (Medicare-Certified Hospice Agency):**

A qualified Hospice aide is a person who has successfully completed one of the following:

1. A training program and competency evaluation as specified in paragraphs (b) and (c) of §418.76
2. A competency evaluation program that meets the requirements of paragraph (c) of § 418.76
3. A nurse aide training and competency evaluation program approved by the state as meeting the requirements of 483.151 through §483.154 and is currently listed in good standing on the state nurse aide registry
4. A state licensure program that meets the requirements of paragraphs (b) and (c) of 418.76

A Hospice Aide is not considered to have completed a program as specified in paragraph (a)(1) of §418.76, if, since the individual's most recent completion of the program(s), there has been a continuous period of 24 consecutive months during which none of the services furnished by the individual as described in §409.40 were for compensation. If there has been a 24-month lapse in furnishing services, the individual must complete another program, as specified in paragraph (a)(1) of this section, before providing services.

**Licensed Practical/Vocational Nurse (LPN/LVN):** A person licensed as a Practical/Vocational Nurse by the state in which practicing.

**Licensed professional:** A person licensed to provide patient care services by the state in which services are delivered.

**Occupational Therapist (OT):**

A person who:

A.

1. Is licensed or otherwise regulated, if applicable, as an Occupational Therapist by the state in which practicing, unless licensure does not apply;
2. Graduated after successful completion of an Occupational Therapist education program accredited by the Accreditation Council for Occupational Therapy Education (ACOTE) of the American Occupational Therapy Association, Inc. (AOTA), or successor organizations of ACOTE; and
3. Is eligible to take or has successfully completed the entry-level certification examination for Occupational Therapists developed and administered by the National Board for Certification in Occupational Therapy, Inc. (NBCOT)

B. On or before December 31, 2009:

1. Is licensed or otherwise regulated, if applicable, as an Occupational Therapist by the state in which practicing; or
2. When licensure or other regulation does not apply:
  - i. Graduated after successful completion of an Occupational Therapist education program accredited by the Accreditation Council for Occupational Therapy Education (ACOTE) of the American Occupational Therapy Association, Inc. (AOTA) or successor organizations of ACOTE; and
  - ii. Is eligible to take or has successfully completed the entry-level certification examination for Occupational Therapists developed and administered by the National Board for Certification in Occupational Therapy, Inc. (NBCOT)

C. On or before January 1, 2008:

1. Graduated after successful completion of an occupational therapy program accredited jointly by the committee on Allied Health Education and Accreditation of the American Medical Association and the American Occupational Therapy Association; or
2. Is eligible for the National Registration Examination of the American Occupational Therapy Association or the National Board for Certification in Occupational Therapy

D. On or before December 31, 1977:

1. Had two years of appropriate experience as an Occupational Therapist; and
2. Achieved a satisfactory grade on an Occupational Therapist proficiency examination conducted, approved, or sponsored by the U.S. Public Health Service

E. If educated outside the United States, must meet all of the following:

1. Graduated after successful completion of an Occupational Therapist education program accredited as substantially equivalent to Occupational Therapist entry level education in the United States by one of the following:
  - i. The Accreditation Council for Occupational Therapy Education (ACOTE)
  - ii. Successor organizations of ACOTE
  - iii. The World Federation of Occupational Therapists
  - iv. A credentialing body approved by the American Occupational Therapy Association
2. Successfully completed the entry-level certification examination for Occupational Therapists developed and administered by the National Board for Certification in Occupational Therapy, Inc. (NBCOT)
3. On or before December 31, 2009, is licensed or otherwise regulated, if applicable, as an Occupational Therapist by the state in which practicing

**Occupational Therapy Assistant (COTA):**

A person who:

- A. Meets all of the following:
  1. Is licensed, unless licensure does not apply or otherwise regulated, if applicable, as an Occupational Therapy Assistant by the state in which practicing
  2. Graduated after successful completion of an Occupational Therapy Assistant education program accredited by the Accreditation Council for Occupational Therapy Education, (ACOTE) of the American Occupational Therapy Association, Inc. (AOTA) or its successor organizations
  3. Is eligible to take or successfully completed the entry-level certification examination for Occupational Therapy Assistants developed and administered by the National Board for Certification in Occupational Therapy, Inc. (NBCOT)
- B. On or before December 31, 2009:
  1. Is licensed or otherwise regulated as an Occupational Therapy Assistant, if applicable, by the state in which practicing; or any qualifications defined by the state in which practicing, unless licensure does not apply; or
  2. Must meet both of the following:
    - i. Completed certification requirements to practice as an Occupational Therapy Assistant established by a credentialing organization approved by the American Occupational Therapy Association
    - ii. After January 1, 2010, meets the requirements in paragraph (A) of this section
- C. After December 31, 1977, and on or before December 31, 2007:
  1. Completed certification requirements to practice as an Occupational Therapy Assistant established by a credentialing organization approved by the American Occupational Therapy Association; or
  2. Completed the requirements to practice as an Occupational Therapy Assistant applicable in the state in which practicing
- D. On or before December 31, 1977:
  1. Had two years of appropriate experience as an Occupational Therapy Assistant; and
  2. Had achieved a satisfactory grade on an Occupational Therapy Assistant proficiency examination conducted, approved, or sponsored by the U.S. Public Health Service
- E. If educated outside the United States, on or after January 1, 2008:
  1. Graduated after successful completion of an Occupational Therapy Assistant education program that is accredited as substantially equivalent to Occupational Therapist assistant entry-level education in the United States by:
    - i. The Accreditation Council for Occupational Therapy Education (ACOTE)
    - ii. Its successor organizations
    - iii. The World Federation of Occupational Therapists
    - iv. By a credentialing body approved by the American Occupational Therapy Association; and
  2. Successfully completed the entry-level certification examination for Occupational Therapy Assistants developed and administered by the National Board for Certification in Occupational Therapy, Inc. (NBCOT).

**Physical Therapist (PT):**

A person who is licensed, if applicable, by the state in which practicing, unless licensure does not apply and meets one of the following requirements:

- A.
  1. Graduated after successful completion of a Physical Therapist education program approved by one of the following:
    - i. The Commission on Accreditation in Physical Therapy Education (CAPTE)
    - ii. Successor organizations of CAPTE
    - iii. An education program outside the United States determined to be substantially equivalent to physical therapist entry-level education in the United States by a credentials evaluation organization approved by

- the American Physical Therapy Association or an organization identified in 8 CFR 212.15(e) as it relates to Physical Therapists; and
  - 2. Passed an examination for Physical Therapists approved by the state in which physical therapy services are provided.
- B. On or before December 31, 2009:
- 1. Graduated after successful completion of a physical therapy curriculum approved by the Commission on Accreditation in Physical Therapy Education (CAPTE); or
  - 2. Must meet both of the following:
    - i. Graduated after successful completion of an education program determined to be substantially equivalent to Physical Therapist entry-level education in the United States by a credentials evaluation organization approved by the American Physical Therapy Association or identified in 8 CFR 212.15(e) as it relates to Physical Therapists
    - ii. Passed an examination for Physical Therapists approved by the state in which physical therapy services are provided
- C. Before January 1, 2008:
- 1. Graduated from a physical therapy curriculum approved by one of the following:
    - i. The American Physical Therapy Association
    - ii. The Committee on Allied Health Education and Accreditation of the American Medical Association
    - iii. The Council on Medical Education of the American Medical Association and the American Physical Therapy Association
- D. On or before December 31, 1977, was licensed or qualified as a Physical Therapist and meets both of the following:
- 1. Has two years of appropriate experience as a Physical Therapist
  - 2. Has achieved a satisfactory grade on a proficiency examination conducted, approved, or sponsored by the U.S. Public Health Service
- E. Before January 1, 1966:
- 1. Was admitted to membership by the American Physical Therapy Association; or
  - 2. Was admitted to registration by the American Registry of Physical Therapists; or
  - 3. Has graduated from a physical therapy curriculum in a four-year college or university approved by a state department of education
- F. Before January 1, 1966, was licensed or registered, and before January 1, 1970, had 15 years of full-time experience in the treatment of illness or injury through the practice of physical therapy in which services were rendered under the order and direction of attending and referring doctors of medicine or osteopathy.
- G. If trained outside the United States before January 1, 2008, meets the following requirements:
- 1. Was graduated since 1928 from a physical therapy curriculum approved in the country in which the curriculum was located and in which there is a member organization of the World Confederation for Physical Therapy
  - 2. Meets the requirements for membership in a member organization of the World Confederation for Physical Therapy

**Physical Therapist Assistant (PTA):**

A person who is licensed, unless licensure does not apply, registered, or certified as a Physical Therapist Assistant, if applicable, by the state in which practicing, and meets one of the following requirements:

- A.
- 1. Graduated from a Physical Therapist Assistant curriculum approved by the Commission on Accreditation in Physical Therapy Education of the American Physical Therapy Association; or if educated outside the United States or trained in the United States military, graduated from an education program determined to be substantially equivalent to Physical Therapist Assistant entry level education in the United States by a credentials evaluation organization approved by the American Physical Therapy Association or identified at 8 CFR 212.15(e); and

2. Passed a national examination for Physical Therapist Assistants
- B. On or before December 31, 2009, meets one of the following:
1. Is licensed, or otherwise regulated in the state in which practicing
  2. In states where licensure or other regulations do not apply, graduated on or before December 31, 2009, from a two-year college-level program approved by the American Physical Therapy Association and, effective January 1, 2010, meets the requirements of paragraph (a) of this definition
- C. Before January 1, 2008, where licensure or other regulation does not apply, graduated from a two-year college-level program approved by the American Physical Therapy Association.
- D. On or before December 31, 1977, was licensed or qualified as a Physical Therapist Assistant and has achieved a satisfactory grade on a proficiency examination conducted, approved, or sponsored by the U.S.

**Paraprofessional:** A trained Aide who assists a professional person (i.e. Hospice Aide, Nursing Assistant).

**Pharmacist:** A person licensed as a Registered Pharmacist by the state in which practicing to prepare and dispense drugs and medicines.

**Pharmacy Technician:** An individual that compounds and maintains medication and supply inventory under the direction of a Registered Pharmacist. Certification is preferred.

**Physician for a Medicare-Certified Hospice Agency:** An individual who meets the qualifications and conditions as defined in Section 1861(r) of the Social Security Act and implemented at §410.20 of chapter 42 CFR 418.114.

Ordering of Drugs: Drugs may be ordered by any of the following practitioners:

- (i) A physician as defined by section 1861(r)(1) of the Act.
- (ii) A nurse practitioner in accordance with state scope of practice requirements.
- (iii) A physician assistant, in accordance with state scope of practice requirements and hospice policy, who is:
  - (A) The patient's attending physician; and
  - (B) Not an employee of or under arrangement with the hospice.

**Physician Designee for a Medicare-Certified Hospice Agency:** A doctor of medicine or osteopathy designated by the hospice who assumes the same responsibilities and obligations as the Medical Director when the Medical Director is not available.

**Registered Nurse (RN):** A graduate of an approved school of professional nursing, who is licensed as a Registered Nurse by the state in which practicing.

**Professional:** A licensed Registered Nurse, licensed Registered Pharmacist, licensed Respiratory Care Practitioner, licensed Physical Therapist, licensed Speech Therapist, Certified Occupational Therapist, or a person with a bachelor's degree in social work, home economics, or closely related helping profession.

**Qualified Staff:** An individual that has had appropriate training and experience for the position held with evidence of education and training in accordance with applicable laws or regulations.

**Qualified Supervisor:**

An individual who is employed directly or through contract and possesses:

1. Evidence of verification of education and training requirements in accordance with applicable laws or regulations, and the organization's policy, and
2. Evidence that clinical and supervisory knowledge and experience are appropriate to his/her assigned supervision responsibilities.

**Social Worker (Medicare-Certified Hospice Agency):**

A person who:

1. Has a Master of Social Work (MSW) degree from a school of social work accredited by the Council on Social Work Education; or
2. Has a baccalaureate degree in social work from an institution accredited by the Council on Social Work Education; or
3. A baccalaureate degree in psychology, sociology, or other field related to social work and is supervised by an MSW as described in paragraph (b)(3)(i)(A) of CFR 418.114

In addition to the above requirements, the Social Worker has one year of social work experience in a healthcare setting.

If the Social Worker has a baccalaureate degree from a school of social work accredited by the Council on Social Work Education, and was employed by the hospice before December 2, 2008, then the Social Worker is not required to be supervised by an MSW.

**Speech-Language Pathologist (SLP) (Medicare-Certified Hospice Agency):**

A person who meets either of the following requirements:

1. The education and experience requirements for a Certificate of Clinical Competence in speech-language pathology granted by the American Speech-Language-Hearing Association
2. The educational requirements for certification and is in the process of accumulating the supervised experience required for certification

**Spiritual Care Professional:**

Spiritual care is provided by qualified individuals in accordance with professional standards and according to the job description. Individuals providing spiritual care understand and are knowledgeable of the spiritual needs related to palliative care, end-of-life care, loss, and bereavement. Spiritual care may be provided by chaplains, local clergy, volunteers, and other specifically trained personnel.

**Unlicensed Assistive Personnel (UAP):** Non-licensed healthcare personnel that provide services to clients under the direction of a licensed healthcare professional.

# PREAMBLE FOR HOSPICE SERVICE



## Eligibility, Election and Duration of Benefits

The eligibility, election and duration of benefits for Hospice Services is defined in the Medicare Conditions of Participation as listed below.

### 42 CFR 418.20 Eligibility requirements

In order to be eligible to elect hospice care under Medicare, an individual must be—

- (a) Entitled to Part A of Medicare; and
- (b) Certified as being terminally ill in accordance with Sec. 418.22

### 42 CFR 418.21 Duration of hospice care coverage — Election periods

- (a) Subject to the conditions set forth in this part, an individual may elect to receive hospice care during one or more of the following election periods:
  - (i) An initial 90-day period;
  - (ii) A subsequent 90-day period; or
  - (iii) An unlimited number of subsequent 60-day periods

### 42 CFR 418.22 Certification of terminal illness

- (a) Timing of certification —
  - (1) General rule. The hospice must obtain written certification of terminal illness for each of the periods listed in § 418.21, even if a single election continues in effect for an unlimited number of periods, as provided in § 418.24(c).
  - (2) Basic requirement. Except as provided in paragraph (a) (3) of this section, the hospice must obtain the written certification before it submits a claim for payment.
  - (3) Exceptions:
    - (i) If the hospice cannot obtain the written certification within 2 calendar days, after a period begins, it must obtain an oral certification within 2 calendar days and the written certification before it submits a claim for payment
    - (ii) Certifications may be completed no more than 15 calendar days prior to the effective date of election
    - (iii) Recertification's may be completed no more than 15 calendar days prior to the start of the subsequent benefit period
  - (4) Face-to-face encounter. As of January 1, 2011, a hospice physician or hospice nurse practitioner must have a face-to-face encounter with each hospice patient, whose total stay across all hospices is anticipated to reach the 3rd benefit period, no more than 30 days prior to the 3rd benefit period recertification, and must have a face-to-face encounter with that patient no more than 30 calendar days prior to every recertification thereafter, to gather clinical findings to determine continued eligibility for hospice care.
- (b) Content of certification. Certification will be based on the physician's or medical director's clinical judgment regarding the normal course of the individual's illness. The certification must conform to the following requirements:
  - (1) The certification must specify that the individual's prognosis is for a life expectancy of 6 months or less if the terminal illness runs its normal course.
  - (2) Clinical information and other documentation that support the medical prognosis must accompany the certification and must be filed in the medical record with the written certification as set forth in paragraph (d)(2) of this section. Initially, the clinical information may be provided verbally, and must be documented in the medical record and included as part of the hospice's eligibility assessment.

- (3) The physician must include a brief narrative explanation of the clinical findings that supports a life expectancy of 6 months or less as part of the certification and recertification forms, or as an addendum to the certification and recertification forms.
    - (i) If the narrative is part of the certification or recertification form, then the narrative must be located immediately prior to the physician's signature
    - (ii) If the narrative exists as an addendum to the certification or recertification form, in addition to the physician's signature on the certification or recertification form, the physician must also sign immediately following the narrative in the addendum
    - (iii) The narrative shall include a statement directly above the physician signature attesting that by signing, the physician confirms that he/she composed the narrative based on his/her review of the patient's medical record or, if applicable, his or her examination of the patient
    - (iv) The narrative must reflect the patient's individual clinical circumstances and cannot contain check boxes or standard language used for all patients
    - (v) The narrative associated with the 3rd benefit period recertification and every subsequent recertification must include an explanation of why the clinical findings of the face-to-face encounter support a life expectancy of 6 months or less
  - (4) The physician or nurse practitioner who performs the face-to-face encounter with the patient described in (a) (4), must attest in writing that he or she had a face-to-face encounter with the patient, including the date of that visit. The attestation of the nurse practitioner shall state that the clinical findings of that visit were provided to the certifying physician, for use in determining whether the patient continues to have a life expectancy of 6 months or less, should the illness run its normal course. The attestation, its accompanying signature, and the date signed, must be a separate and distinct section of, or an addendum to, the recertification form, and must be clearly titled.
  - (5) All certifications and recertification's must be signed and dated by the physician(s), and must include the benefit period dates to which the certification or recertification applies.
- (c) Sources of certification.
- (1) For the initial 90-day period, the hospice must obtain written certification statements (and oral certification statements if required under paragraph (a)(3) of this section) from--
    - (i) The medical director of the hospice or the physician member of the hospice interdisciplinary group; and
    - (ii) The individual's attending physician if the individual has an attending physician
  - (2) For subsequent periods, the only requirement is certification by one of the physicians listed in paragraph (c)(1)(i) of this section.
- (d) Maintenance of records. Hospice staff must--
- (1) Make an appropriate entry in the patient's medical record as soon as they receive an oral certification; and
  - (2) File written certifications in the medical record.

#### **42 CFR 418.24 Election of hospice care**

- (a) Filing an election statement. An individual who meets the eligibility requirement of Sec. 418.20 may file an election statement with a particular hospice. If the individual is physically or mentally incapacitated, his or her representative (as defined in Sec. 418.3) may file the election statement.
- (b) Content of election statement. The election statement must include the following:
  - (1) Identification of the particular hospice that will provide care to the individual.
  - (2) The individual's or representative's acknowledgement that he or she has been given a full understanding of the palliative rather than curative nature of hospice care, as it relates to the individual's terminal illness.
  - (3) Acknowledgement that certain Medicare services, as set forth in paragraph (d) of this section, are waived by the election.
  - (4) The effective date of the election, which may be the first day of hospice care or a later date, but may be no earlier than the date of the election statement.
  - (5) The signature of the individual or representative.



- (c) Duration of election. An election to receive hospice care will be considered to continue through the initial election period and through the subsequent election periods without a break in care as long as the individual—
  - (1) Remains in the care of a hospice; and
  - (2) Does not revoke the election under the provisions of Sec. 418.26.
  - (3) Is not discharged from the hospice under the provisions 418.26
- (d) Waiver of other benefits. For the duration of an election of hospice care, an individual waives all rights to Medicare payments for the following services:
  - (1) Hospice care provided by a hospice other than the hospice designated by the individual (unless provided under arrangements made by the designated hospice).
  - (2) Any Medicare services that are related to the treatment of the terminal condition for which hospice care was elected or a related condition or that are equivalent to hospice care except for services—
    - (i) Provided by the designated hospice
    - (ii) Provided by another hospice under arrangements made by the designated hospice; and
    - (iii) Provided by the individual's attending physician if that physician is not an employee of the designated hospice or receiving compensation from the hospice for those services.
- (e) Re-election of hospice benefits. If an election has been revoked in accordance with Sec. 418.28, the individual (or his or her representative if the individual is mentally or physically incapacitated) may at any time file an election, in accordance with this section, for any other election period that is still available to the individual.

#### **42 CFR 418.25 Admission to hospice care**

- (a) The hospice admits a patient only on the recommendation of the medical director in consultation with, or with input from, the patient's attending physician (if any).
- (b) In reaching a decision to certify that the patient is terminally ill, the hospice medical director must consider at least the following information:
  - (1) Diagnosis of the terminal condition of the patient.
  - (2) Other health conditions, whether related or unrelated to the terminal condition.
  - (3) Current clinically relevant information supporting all diagnoses.

#### **42 CFR 418.26 Discharge from hospice care**

- (a) Reasons for discharge. A hospice may discharge a patient if—
  - (1) The patient moves out of the hospice's service area or transfers to another hospice;
  - (2) The hospice determines that the patient is no longer terminally ill; or
  - (3) The hospice determines, under a policy set by the hospice for the purpose of addressing discharge for cause that meets the requirements of paragraphs (a)(3)(i) through (a)(3)(iv) of this section, 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:
    - (i) Advise the patient that a discharge for cause is being considered;
    - (ii) Make a serious effort to resolve the problem(s) presented by the patient's behavior or situation;
    - (iii) Ascertain that the patient's proposed discharge is not due to the patient's use of necessary hospice services; and
    - (iv) Document the problem(s) and efforts made to resolve the problem(s) and enter this documentation into its medical records
- (b) Discharge order. Prior to discharging a patient for any reason listed in paragraph (a) of this section, the hospice 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 or her review and decision included in the discharge note.
- (c) Effect of discharge. An individual, upon discharge from the hospice during a particular election period for reasons other than immediate transfer to another hospice—
  - (1) Is no longer covered under Medicare for hospice care;

- (2) Resumes Medicare coverage of the benefits waived under § 418.24(d); and
- (3) May at any time elect to receive hospice care if he or she is again eligible to receive the benefit.
- (d) Discharge planning.
  - (1) The hospice must have in place a discharge planning process that takes into account the prospect that a patient's condition might stabilize or otherwise change such that the patient cannot continue to be certified as terminally ill.
  - (2) The discharge planning process must include planning for any necessary family counseling, patient education, or other services before the patient is discharged because he or she is no longer terminally ill.

**42 CFR 418.28 Revoking the election of hospice care**

- (a) An individual or representative may revoke the individual's election of hospice care at any time during an election period.
- (b) To revoke the election of hospice care, the individual or representative must file a statement with the hospice that includes the following information:
  - (1) A signed statement that the individual or representative revokes the individual's election for Medicare coverage of hospice care for the remainder of that election period.
  - (2) The date that the revocation is to be effective. (An individual or representative may not designate an effective date earlier than the date that the revocation is made).
- (c) An individual, upon revocation of the election of Medicare coverage of hospice care for a particular election period--
  - (1) Is no longer covered under Medicare for hospice care;
  - (2) Resumes Medicare coverage of the benefits waived under Sec. 418.24(e)(2); and
  - (3) May at any time elect to receive hospice coverage for any other hospice election periods that he or she is eligible to receive.

**42 CFR 418.30 Change of the designated hospice**

- (a) An individual or representative may change, once in each election period, the designation of the particular hospice from which hospice care will be received.
- (b) The change of the designated hospice is not a revocation of the election for the period in which it is made.
- (c) To change the designation of hospice programs, the individual or representative must file, with the hospice from which care has been received and with the newly designated hospice, a statement that includes the following information:
  - (1) The name of the hospice from which the individual has received care and the name of the hospice from which he or she plans to receive care.
  - (2) The date the change is to be effective.

**Hospice Coverage Requirements**

The coverage requirements for Hospice Services is defined in the Medicare Conditions of Participation as listed below.

**42 CFR 418.200 Requirements for coverage**

To be covered, hospice services must meet the following requirements. They must be reasonable and necessary for the palliation or management of the terminal illness as well as related conditions. The individual must elect hospice care in accordance with Sec. 418.24. A plan of care must be established and periodically reviewed by the attending physician, the medical director, and the interdisciplinary group of the hospice program as set forth in Sec. 418.56. That plan of care must be established before hospice care is provided. The services must be consistent with the plan of care. A certification that the individual is terminally ill must be completed as set forth in Sec. 418.22.

**42 CFR 418.202 Covered services**

All services must be performed by appropriately qualified personnel, but it is the nature of the service, rather than the qualification of the person who provides it, that determines the coverage category of the service. The following services are covered hospice services:

- (a) Nursing care provided by or under the supervision of a registered nurse.
- (b) Medical social services provided by a social worker under the direction of a physician.
- (c) Physicians' services performed by a physician as defined in Sec. 410.20 of this chapter except that the services of the hospice medical director or the physician member of the interdisciplinary group must be performed by a doctor of medicine or osteopathy.
- (d) Counseling services provided to the terminally ill individual and the family members or other persons caring for the individual at home. Counseling, including dietary counseling, may be provided both for the purpose of training the individual's family or other caregiver to provide care, and for the purpose of helping the individual and those caring for him or her to adjust to the individual's approaching death.
- (e) Short-term inpatient care provided in a participating hospice inpatient unit, or a participating hospital or SNF, that additionally meets the standards in Sec. §418.202 (a) and (e) regarding staffing and patient areas. Services provided in an inpatient setting must conform to the written plan of care. Inpatient care may be required for procedures necessary for pain control or acute or chronic symptom management. Inpatient care may also be furnished as a means of providing respite for the individual's family or other persons caring for the individual at home. Respite care must be furnished as specified in Sec. § 418.108(b). Payment for inpatient care will be made at the rate appropriate to the level of care as specified in Sec. 418.302.
- (f) Medical appliances and supplies, including drugs and biologicals. Only drugs as defined in section 1861(t) of the Act and which are used primarily for the relief of pain and symptom control related to the individual's terminal illness are covered. Appliances may include covered durable medical equipment as described in §410.38 of this chapter as well as other self-help and personal comfort items related to the palliation or management of the patient's terminal illness. Equipment is provided by the hospice for use in the patient's home while he or she is under hospice care. Medical supplies include those that are part of the written plan of care and that are for the palliation and management of the terminal or related conditions.
- (g) Home health aide services furnished by qualified aides as designated in Sec. § 418.76 and homemaker services. Home health aides (also known as hospice aides) may provide personal care services as defined in §409.45(b) of this chapter. Aides may perform household services to maintain a safe and sanitary environment in areas of the home used by the patient, such as changing bed linens or light cleaning and laundering essential to the comfort and cleanliness of the patient. Aide services may include assistance in the maintenance of a safe and healthy environment and services to enable the individual to carry out the treatment plan. Homemaker services may include assistance in maintenance of a safe and healthy environment and services to enable the individual to carry out the treatment plan.
- (h) Physical therapy, occupational therapy and speech-language pathology services in addition to the services described in Sec. 409.33 (b) and (c) of this chapter provided for purposes of symptom control or to enable the patient to maintain activities of daily living and basic functional skills.
- (i) Effective April 1, 1998, any other service that is specified in the patient's plan of care as reasonable and necessary for the palliation and management of the patient's terminal illness and related conditions and for which payment may otherwise be made under Medicare.

**42 CFR 418.204 Special coverage requirements**

- (a) Periods of crisis. Nursing care may be covered on a continuous basis for as much as 24 hours a day during periods of crisis as necessary to maintain an individual at home. Either homemaker or home health aide (also known as hospice aide) services or both may be covered on a 24-hour continuous basis during periods of crisis but care during these periods must be predominantly nursing care. A period of crisis is a period in which the individual requires continuous care to achieve palliation or management of acute medical symptoms.

- (b) Respite care. (1) Respite care is short-term inpatient care provided to the individual only when necessary to relieve the family members or other persons caring for the individual. (2) Respite care may be provided only on an occasional basis and may not be reimbursed for more than five consecutive days at a time.
- (c) Bereavement counseling. Bereavement counseling is a required hospice service but it is not reimbursable.

**42 CFR 418.205 Special requirements for hospice pre-election evaluation and counseling services**

- (a) Definition. As used in this section the following definition applies.  
Terminal illness has the same meaning as defined in CFR 418.3.
- (b) General. Effective January 1, 2005, payment for hospice pre-election evaluation and counseling services as specified in §418.304(d) may be made to a hospice on behalf of a Medicare beneficiary if the requirements of this section are met.
  - (1) The beneficiary. The beneficiary:
    - (i) Has been diagnosed as having a terminal illness as defined in §418.3
    - (ii) Has not made a hospice election
    - (iii) Has not previously received hospice pre-election evaluation and consultation services specified under this section
  - (2) Services provided. The hospice pre-election services include an evaluation of an individual's need for pain and symptom management and counseling regarding hospice and other care options. In addition, the services may include advising the individual regarding advanced care planning.
  - (3) Provision of pre-election hospice services.
    - (i) The services must be furnished by a physician
    - (ii) The physician furnishing these services must be an employee or medical director of the hospice billing for this service
    - (iii) The services cannot be furnished by hospice personnel other than employed physicians, such as but not limited to nurse practitioners, nurses, or social workers, physicians under contractual arrangements with the hospice or by the beneficiary's physician, if that physician is not an employee of the hospice
    - (iv) If the beneficiary's attending physician is also the medical director or a physician employee of the hospice, the attending physician may not provide nor may the hospice bill for this service because that physician already possesses the expertise necessary to furnish end-of-life evaluation and management, and counseling services
  - (4) Documentation.
    - (i) If the individual's physician initiates the request for services of the hospice medical director or physician, appropriate documentation is required
    - (ii) The request or referral must be in writing, and the hospice medical director or physician employee is expected to provide a written note on the patient's medical record
    - (iii) The hospice agency employing the physician providing these services is required to maintain a written record of the services furnished
    - (iv) If the services are initiated by the beneficiary, the hospice agency is required to maintain a record of the services and documentation that communication between the hospice medical director or physician and the beneficiary's physician occurs, with the beneficiary's permission, to the extent necessary to ensure continuity of care