Session 4

Non-Core Services
§418.76 Condition of participation: Hospice aide and homemaker services & 9 standards.

All hospice aide services must be provided by individuals who meet the personnel requirements specified in paragraph (a) of this section. Homemaker services must be provided by individuals who meet the personnel requirements specified in paragraph (j) of this section.
Non-Core Services

§418.76 Condition of participation: Hospice aide and homemaker services

(a) Standard: Hospice aide qualifications.
   (1) A qualified **hospice aide** is a person who has successfully completed one of the following:
Non-Core Services

§418.76 (a) (1) con’t

(i) A training program and competency evaluation as specified in paragraphs (b) and (c) of this section respectively.

(ii) A competency evaluation program that meets the requirements of paragraph (c) of this section.
Non-Core Services

§418.76 (a) (1) con’t

(iii) A nurse aide training and competency evaluation program approved by the State as meeting the requirements of §483.151 through §483.154 of this chapter, and is currently listed in good standing on the State nurse aide registry.

(iv) A State licensure program that meets the requirements of paragraphs (b) and (c) of this section.
§418.76 (a) con’t

(2) A hospice aide is not considered to have completed a program, as specified in paragraph (a)(1) of this section, 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 of this chapter were for compensation.
Non-Core Services

§418.76 (a) (2) con’t

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.
§418.76 (b) Standard: Content and duration of hospice aide training.

(1) 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.
Non-Core Services

§418.76 (b) con’t

(2) 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.

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

   (i) Communication skills, including the ability to read, write, and verbally report clinical information to patients, care givers, and other hospice staff.
§418.76 (b) (3) con’t.

(ii) Observation, reporting, and documentation of patient status and the care or service furnished.

(iii) Reading and recording temperature, pulse, and respiration.

(vi) Maintenance of a clean, safe, and healthy environment.
Non-Core Services

§418.76 (b) (3) con’t

(v) Recognizing emergencies and the knowledge of emergency procedures and their application.

(vi) 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.
Non-Core Services

§418.76 (b) (3) con’t

(ix) Appropriate and safe techniques in performing personal hygiene and grooming tasks, including items on the following basic checklist:

(A) Bed bath.
(B) Sponge, tub, and shower bath.
(C) Hair shampoo (sink, tub, and bed).
(D) Nail and skin care.
(E) Oral hygiene.
(F) Toileting and elimination
Tips

✓ Note that in (B) and (C) it is now AND. The home health and previous hospice CoPs had OR.

✓ IAHHC is seeking clarification. If CMS does not change the AND back to OR, all aides will have to be recertified.
Non-Core Services

§418.76 (b) (3) con’t

(x) Safe transfer techniques and ambulation.

(xi) Normal range of motion and positioning.

(xii) Adequate nutrition and fluid intake.

(xii) 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.
§418.76 (b) con’t.

(4) The hospice must maintain documentation that demonstrates that the requirements of this standard are met.
Non-Core Services

§418.76 (c) Standard: Competency evaluation.

An individual may furnish hospice aide services on behalf of a hospice only after that individual has successfully completed a competency evaluation program as described in this section.
Non Core Services

§418.76 (c)

(1) The competency evaluation must address each of the subjects listed in paragraph (b)(3) of this evaluated by section. Subject areas specified under paragraphs (b)(3)(i), (b)(3)(iii), (b)(3)(ix), (b)(3)(x) and (b)(3)(xi) of this section must be observing an aide’s performance of the task with a patient.
Non-Core Services

§418.76 (c) (1) con’t.

The remaining subject areas may be evaluated through written examination, oral examination, or after observation of a hospice aide with a patient.
Non-Core Services

§418.76 (c) con’t.

(2) A hospice aide competency evaluation program may be offered by any organization, except as described in paragraph (f) of this section.

(3) The competency evaluation must be performed by a registered nurse in consultation with other skilled professionals, as appropriate.
Non-Core Services

§418.76 (c)

(4) A hospice aide is not considered competent in any task for which he or she is evaluated as unsatisfactory. An 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.

(5) The hospice must maintain documentation that demonstrates the requirements of this standard are being met.
§418.76 (d) Standard: In-service training.

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.

(1) In-service training may be offered by any organization, and must be supervised by a registered nurse.

(2) The hospice must maintain documentation that demonstrates the requirements of this standard are met.
§418.76 (e) Standard: Qualifications for instructors conducting classroom and supervised practical training. 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.
§418.76 (f) Standard: Eligible competency evaluation organizations.

A hospice aide competency evaluation program as specified in paragraph (c) of this section may be offered by any organization except by a home health agency that, within the previous 2 years:

(1) Had been in compliance with the requirements of §484.36(a) and (b) of this chapter. (HHA CoP)
Non-Core Services

§418.76 (f) con’t

(2) Permitted an individual that does not meet the definition of a “qualified home health aide” as specified in §484.36(a) of this chapter to furnish home health aide services (with the exception of licensed health professionals and volunteers).

(3) Had been subjected 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).
Non-Core Services

§418.76 (f) con’t

(4) Had been assessed a civil monetary penalty of $5,000 or more as an intermediate sanction.

(5) Had been found by CMS to have compliance deficiencies that endangered the health and safety of the home health agency’s patients and had temporary management appointed to oversee the management of the home health agency.

(6) Had all or part of its Medicare payments suspended.
§418.76 (f) con’t

(7) Had been found by CMS or the State under any Federal or state law to have:

   (i) Had its participation in the Medicare program terminated.

   (ii) Been assessed a penalty of $5,000 or more for deficiencies in Federal or State standards for home health agencies.

   (iii) Been subjected to a suspension of Medicare payments to which it otherwise would have been entitled.

   (iv) Operated under temporary management that was appointed by a governmental authority to oversee the operation of the home health agency and to ensure the health and safety of the home health agency’s patients.

   (v) Been closed by CMS or the State, or had its patients transferred by the State.
§418.76 (g) Standard: Hospice aid assignments and duties

(1) 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 this section.
Non-Core Services

§418.76 (g) con’t

(2) A hospice aide provides services that are:

(i) Ordered by the interdisciplinary group.
(ii) Included in the plan of care.
(iii) Permitted to be performed under State law by such hospice aide.
(iv) Consistent with the hospice aide training.
Non-Core Services

§418.76 (g) con’t

(3) The duties of a hospice aide include the following:

(i) The provision of hands-on personal care.

(ii) The performance of simple procedures as an extension of therapy or nursing services.

(iii) Assistance in ambulation or exercises.
(iv) Assistance in administering medications that are ordinarily self-administered.

(4) 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 improvement activities. Hospice aides must also complete appropriate records in compliance with the hospice’s policies and procedures.
Non-Core Services

§418.76 (h) Standard: Supervision of hospice aides.

(1) A registered nurse must make an on-site visit to the patient’s home:

   (i) 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.
Non-Core Services

§418.76 (h) (1) con’t.

(ii) 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.
§418.76 (h) (1) con’t.

(iii) 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 in accordance with §418.76(c).

(2) 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.
§418.76 (h) con’t

(3) 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:

(i) Following the patient’s plan of care for completion of tasks assigned to the hospice aide by the registered nurse.
Non-Core Services

§418.76 (h) (3) con’t.

(ii) Creating successful interpersonal relationships with the patient and family.
(iii) Demonstrating competency with assigned tasks.
(iv) Complying with infection control policies and procedures.
(v) Reporting changes in the patient’s condition.
Tips

- CNA training OK
- Make sure dual aides job description has home health aide and hospice aide title
- “Hospices are not prohibited from providing aide training, even if they meet the exclusion criteria established for HHAs
- RN experience to perform/supervise training – home care encompasses hospice & home health
Tips

✓ Medications

1. “Allowing (competent) aides to help administer those medications that patients are typically allowed to administer to themselves...allows hospice to meet the medication needs of patients & caregivers whom are not capable of safely self-administering...
Tips

✓ Medications

2. “...may consist of helping a patient with hand tremors apply or remove a medication patch or any number of similar tasks.”

3. Allowing aides to fulfill this role may decrease the demand for nursing visits for the purpose of medication maintenance, thus allowing nurses to provide services where needed.”
Tips

Medications con’t

4. “Determining those medications that are appropriate for aides to help administer is decision of IDG, based:

- patient/family needs
- Training of aide
- Policies of each hospice.
- State and local laws (IN…nurse delegation)

5. §418.76 (b) (3) (xii) Any other task
Tips

✓ Supervising RN must be RN responsible for patient’s care
✓ Must identify specific RN supervisor
✓ If substitute is used, note why
✓ Q14d to ensure services ordered are sufficient to meet needs
✓ Annual evaluation documented in personnel record
Non-Core Services

§418.76 (i) Standard: Individuals furnishing Medicaid personal care aide-only services under a Medicaid personal care benefit.

An individual may furnish personal care services, as defined in §440.167 of this chapter, on behalf of a hospice agency. *(Indiana does not have)*

(a) 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.
Non-Core Services

§418.76 (i)

(b) 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.

(c) 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.
Tips

✓ Indiana does not have the Medicaid personal care aide-only services under a Medicaid personal care benefit.

✓ CoP can be used a guidance for Indiana CHOICE and waiver services
Non-Core Services

§418.76 (j) Standard: Homemaker qualifications.

A qualified homemaker is—

(1) An individual who meets the standards in §418.202(g) and has successfully completed hospice orientation addressing the needs and concerns of patients and families coping with a terminal illness; or

(2) A hospice aide as described in §418.76.
Non-Core Services

§418.76 (k) Standard: Homemaker supervision and duties.

(1) Homemaker services must be coordinated and supervised by a member of the interdisciplinary group.

(2) Instructions for homemaker duties must be prepared by a member of the interdisciplinary group.

(3) Homemakers must report all concerns about the patient or family to the member of the interdisciplinary group who is coordinating homemaker services.
Non-Core Services

§418.78 Conditions of participation—Volunteers and five standards

The hospice must use volunteers to the extent specified in paragraph (e) of this section. These volunteers must be used in defined roles and under the supervision of a designated hospice employee.
Non-Core Services

§418.78 (a) Standard: Training.
The hospice must maintain, document and provide volunteer orientation and training that is consistent with hospice industry standards.

§418.78 (b) Standard Role.
Volunteers must be used in day-to-day administrative and/or direct patient care roles.
Non-Core Services

§418.78 (c) Standard: Recruiting and retaining.

The hospice must document and demonstrate viable and ongoing efforts to recruit and retain volunteers.
Non-Core Services

§418.78 (d) Standard: Cost saving.

The hospice must document the cost savings achieved through the use of volunteers. Documentation must include the following:

(1) The identification of each position that is occupied by a volunteer.

(2) The work time spent by volunteers occupying those positions.
Non-Core Services

§418.78 (d) con’t.

(3) **Estimates of the dollar costs** that the hospice would have incurred if paid employees occupied the positions identified in paragraph (d)(1) of this section for the amount of time specified in paragraph (d)(2) of this section.
Non-Core Services

§418.78 (e) Standard: Level of activity.

Volunteers must provide day-to-day administrative and/or direct patient care services in an amount that, at a minimum, equals 5 percent of the total patient care hours of all paid hospice employees and contract staff.
Non-Core Services

§418.78 (e) con’t. The hospice must maintain records on the use of volunteers for patient care and administrative services, including the type of services and time worked.