

Hospice “L” Tags and Abbreviated Identifiers*

Tag	Identifier	Tag	Identifier	Tag	Identifier
	Subpart C – Direct Patient Care	L535	2) Data elements integral part of comprehensive assessment	L571	Standard: Performance improvement projects
L500	§418.52 Condition of Participation (CoP): Patient’s rights	L536	§418.56 CoP: Interdisciplinary group, care planning and coordination of services		Develop, implement and evaluate performance improvement projects beginning February 2, 2009
L501	Inform, promote & protect patient rights	L537	IDG/attending physician prepare a written plan of care	L572	1) Number/scope of performance improvement projects
	Standard: Notice of rights & responsibilities	L538	Plan of care specifies care/services to meet needs of patient and family identified in comprehensive assessment	L573	2) Document projects being conducted, reason and measurable progress achieved
L502	1) Verbal & written notice of rights in advance of care		Standard: Approach to service delivery		Standard: Executive responsibilities
L503	2) Inform & distribute advance directive information	L539	1) Designate IDG to meet needs/supervise care & services	L574	1) Program defined, implemented, maintained & evaluated
L504	3) Signature confirming receipt of rights and responsibilities	L540	Designate RN to coordinate care	L575	2) QAPI addresses priorities and actions evaluated
	Standard: Exercise rights & respect for property & person	L541	IDG include doctor, RN, SW, pastoral or other counselor	L576	3) Designate individual(s) responsible
L505	1) Exercise rights/respect property/person/voice grievances	L542	2) Identify IDG to establish day-to-day policies	L577	§418.60 COP: Infection control
L506	2) Rights exercised by person appointed to act on pt’s behalf		Standard: Plan of care	L578	Maintain/document effective infection control program
L507	3) Legal representative designated by patient	L543	All care/services follow individualized plan of care	L579	Standard: Prevention
L508	4) Alleged violations are reported immediately	L544	Education/training to patient/caregiver(s)		Follow accepted standards of practice/standard precautions
L509	Immediately investigate/prevent further violations		Standard: Content of the plan of care	L580	Standard: Control
L510	Appropriate corrective action for verified violations	L545	Develop individualized plan of care for each patient		Maintain agency-wide program: 1) Integral part of QAPI
L511	Report verified violations within 5 working days	L546	Must include: 1) Interventions to manage pain and symptoms	L581	2) Includes method to identify problems/implement actions
	Standard: Rights of patient	L547	2) Detailed statement of scope & frequency of services	L582	Standard: Education
L512	1) Receive effective pain management & symptom control	L548	3) Measurable outcomes anticipated		Provide infection control education
L513	2) Be involved in developing plan of care	L549	4) Necessary drugs and treatments to meet patient needs	L583	§418.62 COP: Licensed professional services
L514	3) Refuse care or treatment	L550	5) Medical supplies/appliances to meet needs of patient	L584	Supervision of licensed professionals
L515	4) Choose attending physician	L551	6) Documentation of understanding/involvement/agreement	L585	Actively participate in coordination of all aspects of care
L516	5) Confidential clinical record		Standard: Review of the plan of care	L586	Participate in QAPI and in-service training
L517	6) Free from mistreatment, neglect, or mental, sexual & physical abuse, injuries unknown source, misappropriation of property	L552	Review/revise/document individualized plan of care as patient condition requires/but no less than every 15 calendar days	L587	§418.64 CoP: Core services
L518	7) Receive information about hospice benefit covered services	L553	Include comp. assess. info/progress toward outcomes/goals	L588	Core services are routinely provided by hospice employees
L519	8) Receive information on services that will be provided		Standard: Coordination of services	L589	Hospice may use contracted staff & maintain responsibility
L520	§418.54 CoP: Initial & Comprehensive Assessment	L554	Develop/maintain system of coordination/integration to 1) ensure IDG maintains responsibility		Standard: Physician services
L521	Conduct/document patient specific comprehensive assessment	L555	2) Ensure care/services in accordance with the plan of care	L590	Palliation/management of terminal illness/patient needs
L522	Standard: Initial assessment	L556	3) Ensure care/services provided based on assessments		Standard: Nursing services
	RN complete initial assessment within 48 hours of election	L557	4) Sharing information/all disciplines, services & settings	L591	1) RN provide/supervise/needs identified via assessment met
L523	Standard: Timeframe for comprehensive assessment	L558	5) Sharing information with non-hospice providers	L592	2) RN can see/treat/write orders if State law permits
	IDG/attending physician complete no later than 5 calendar days after election	L559	§418.58 COP: Quality assessment and performance improvement (QAPI)	L593	3) Highly specialized nursing services provided under contract
L524	Standard: Content of comprehensive assessment	L560	Develop/implement/maintain ongoing QAPI program		Standard: Medical Social Services (MSS)
	Identify physical, psychosocial, emotional, spiritual needs		Standard: Program scope	L594	MSS provided by qualified social worker
L525	Consider: 1) nature & condition causing admission	L561	1) Show measurable improvement in indicators		Standard: Counseling services
L526	2) Complications & risk factors	L562	2) Measure/analyze/track quality indicators	L595	Counseling services must be available to patient/family
L527	3) Functional status (understand & participate in own care)		Standard: Program data	L596	1) Bereavement counseling/one year following patient death
L528	4) Imminence of death	L563	1) Use quality indicators including patient care/relevant data	L597	2) Dietary counseling
L529	5) Severity of symptoms	L564	2) Monitor effectiveness/quality of care/improvement	L598	3) Spiritual counseling/assessment/meet spiritual needs
L530	6) Drug profile/review	L565	3) Governing body approve data collection frequency/detail	L599	§418.66 CoP: Nursing services waiver/provided directly
L531	7) Initial bereavement assessment		Standard: Program activities	L600	CMS may waive requirement in §418.64(b)
L532	8) Need for referrals/further evaluation	L566	1) High risk, high volume, problem-prone focus	L601	§418.70 CoP: Furnishing of non-core services
L533	Standard: Update of comprehensive assessment	L567	Consider incidence, prevalence, severity of problems	L602	Services provided consistent with standards of practice
	Updated by IDG every 15 days or more frequently as needed	L568	Affect palliative outcomes, patient safety, quality of care	L603	§418.72 CoP: PT, OT, and SLP
	Standard: Patient outcome measures	L569	2) Track/analyze adverse events/implement preventive actions	L604	PT, OT, SLP available
L534	1) Include data elements/allow for measurement of outcomes	L570	3) Performance improvement actions/measure success	L605	§418.74 Waiver of requirement – PT/OT/SLP/dietary

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Basic Hospice (November 2008)

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L606	Non-urbanized area/submit written request	L635	2) Used to extent as family in implementing plan of care		Standard: Hospice multiple locations
L607	§418.76 CoP: Hospice aide and homemaker services	L636	3) Coordinate with hospice Medicaid personal care benefit/needs met	L656	1) Must have Medicare approval before providing care & services
L608	Provided by individuals who meet personnel qualifications	L637	Standard: Homemaker qualifications	L657	Share administration/supervision/services with parent
	Standard: Hospice aide qualifications		Standard: Homemaker supervision and duties	L658	Lines of authority clearly delineated
L609	1) Successfully completed required training/competency	L638	1) Coordinated/supervised by member of IDG	L659	Determination that location does or does not meet definition
L610	2) Aide not considered to have complemented program	L639	2) Instructions prepared by member of IDG	L660	2) Continually monitor & manage all services provided
	Standard: Content/duration of training	L640	3) Report concerns to IDG member coordinating services		Standard: Training
L611	1) Classroom/supervised training must total at least 75 hours	L641	§418.78 CoP: Volunteers	L661	1) Orientation to employees/contracted staff with patient contact
L612	2) 16 hrs/classroom must precede supervised practical training	L642	Use volunteers in defined roles supervised by employee	L662	2) Must provide orientation to specific job duties
L613	3) Address specific subject areas	L643	Standard: Training	L663	3) Must assess skills/competence of all individuals providing care;
L614	4) Documentation that requirements are met		Must provide/document appropriate orientation & training		Provide in-service training/education programs;
	Standard: Competency evaluation	L644	Standard: Role		Written policies/procedures/assessment of competency
L615	Successful completion of evaluation: 1) evaluation must address each subject		Used in day-to-day administrative or direct patient care roles		Written description of in-service provided/previous 12 months
L616	2) Any organization except HHA with CoP out of compliance	L645	Standard: Recruiting and retraining	L664	§418.102 CoP: Medical Director
L617	3) Performed by RN/consultation with other professionals		Document/demonstrate efforts to recruit and retain	L665	Must designate a physician to serve as medical director;
L618	4) Not considered competent in task evaluated unsatisfactory	L646	Standard: Cost savings		Must be doctor of medicine or osteopathy;
L619	5) Documentation that requirements of standards are met		Document cost savings achieved by using volunteers		Be employee or under contract;
	Standard: In-service training	L647	Standard: Level of activity		Designate a physician to act in absence of medical director
L620	12 hours of in-service each 12 month period		Equals 5% of the total patient care hours	L666	Standard: Medical Director contract
L621	1) Offered by any organization/supervised by RN		Subpart D – Organizational environment		Self-employed/employed by professional entity or group
L622	2) Maintain documentation that requirements are met	L648	§418.100 CoP: Organization/Administration of services		Must specify physician assuming responsibilities
	Standard: Qualifications for instructors	L649	Organize, manage and administer hospice care and services	L667	Standard: Initial certification of terminal illness
L623	RN/2 yrs experience/1 yr home care/or under RN supervision	L650	Standard: Serving the hospice patient and family		Written certification life expectancy 6 mo. or less by medical director or physician designee
L624	Standard: Eligible competency evaluation organizations		Care optimize comfort/dignity, consistent with needs & goals	L668	Standard: Recertification of the terminal illness
	Standard: Hospice aide assignment and duties	L651	Standard: Governing body and Administrator		Review clinical information before recertification period
L625	1) Written instructions by RN responsible for supervision		Must have governing body with full legal responsibility;	L669	Standard: Medical director responsibility
L626	2) IDG ordered/in plan of care/State permitted/consistent with training		Qualified administrator responsible for day-to-day operations;		Assumes responsibility for medical component of program
L627	3) Aide duties include hands-on personal care, etc.		Administrator be employee, possess education & experience	L670	§418.104 CoP: Clinical records
L628	4) Report changes to RN/compete appropriate records	L652	Standard: services	L671	Must establish/maintain clinical record for each patient
	Standard: Supervision of hospice aides		1) Primarily engaged in providing specified hospice services		Standard: Content
L629	1) RN on-site visit/every 14 days/aide not needed to be present	L653	2) RN/MD/drugs/biologicals routinely available 24/7 basis	L672	1) Initial/updated plan of care/assessments/clinical notes
L630	Concern/on-site with aide present (observe/assess performance)		Other covered services available on 24 hr. basis to meet needs	L673	2) Signed copies of patient rights and election statement
L631	Concern verified/aide complete competency evaluation	L654	Standard: Continuation of care	L674	3) Responses to medications, symptom management, treatments & services
L632	2) Annual RN on-site visit/observe/assess aide performing care		May not discontinue/reduce care to Medicare/Medicaid patients for inability to pay	L675	4) Outcome measure data elements
L633	3) RN assess initial/continued satisfactory performance	L655	Standard: Professional management responsibility	L676	5) Physician certification/recertification of terminal illness
	Standard: Medicaid personal care aid-only services		Written agreement for services under arrangement;	L677	6) Any advance directives
L634	1) Competent to perform assigned tasks		Retain responsibilities for services to ensure quality of care	L678	7) Physician orders

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