



*California Hospice And
Palliative Care Association*

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Scott Vivona
Assistant Deputy Director
Center for Health Care Quality, MS 0512
P.O. Box 997377
Sacramento, CA 95899-7377

Dear Mr. Vivona:

Thank you for allowing the California Hospice and Palliative Care Association the opportunity to submit our recommendations for the development of regulations pertaining to hospice licensure. We have gone through the current CA Standards for Quality Hospice Care in detail, and we are enclosing a document that compares current language with our suggested language.

The following are some issues we would like to highlight:

We ask that CDPH replicate the Medicare Hospice Conditions of Participation to the greatest extent possible, to include the following exceptions:

- **Keep the Social Worker definition from the Standards for Quality Hospice Care as follows, as it is more stringent:**

Social Worker - "Social Worker" means a person who has a Master of Social Work degree from a school accredited by the Council on Social Work Education and clinical experience relevant to the psychosocial needs of patients and families.

Social Work Associate - "Social Work Associate" means a person with a baccalaureate degree in social work from a school accredited by the Council on Social Work Education and clinical experience relevant to the casework needs of patients and families.

We add that only Social Work Associates must be supervised by an MSW, and that MSWs do not require supervision by a LCSW, as per the CoPs and Standards.

- **Use the Standards language for nursing qualifications.**

The Director of Patient Care Services shall qualify for the position by fulfilling the requirements under one of the following categories:

- A Registered Nurse with a baccalaureate or higher degree in nursing or another health- related field with three years of experience within the last five years in a hospice or home health agency, primary care clinic or health facility, at least one year of which was in a supervisory or administrative capacity.
- A Registered Nurse with four years experience within the last five years in a hospice, home health agency, primary care clinic or health facility, at least one year of which was in a supervisory or administrative capacity.

Nursing

- A nurse supervisor shall have a current RN license, with at least two [2] years of hospice, home health, or community health experience in the last five [5] years.
 - Registered Nurses shall have a minimum of (a) one [1] year of experience as a professional nurse (LVN or RN) within the last three [3] years; or (b) have a baccalaureate degree in nursing from a program accredited by the National League for Nursing and a current RN license.
 - Licensed Vocational Nurses shall have a current LVN license, at least one [1] year experience as a Licensed Vocational Nurse, and shall work under the supervision of a Registered Nurse.
 - Adequate licensed nursing staff will be available to provide 24 hours/day, 7 days/week on-call program coverage with visit capability.
 - All nursing personnel caring for hospice patients and families shall have orientation and training appropriate to the care of the patient and his/her family.
- Add waiver language or other Core staff, when hospices are unable to hire to meet the qualifications due to the professional or rural shortages.
 - We want to draw your attention to the recent changes in the Federal COPs that include nurse practitioners and, as of 2019, physician assistants, in the definition of attending physicians, as we feel this should be included in California regulations.

There are several issues that are not covered by the federal Hospice Conditions of Participation.

We ask that you include the following new language, as completion of the Annual OSHPD ALIRTS data form is a mandatory requirement of the statute:

- Completed data submission required by statute to the Office of Statewide Planning and Development (OSHPD) is a condition necessary for license renewal.

We are concerned that many new hospice licenses have become commodities, offered for sale before any attempt at certification is obtained. **We suggest the department require certification within a reasonable time limit, and de-activate the license if the certification is not obtained within this time limit.**

Finally, we'd like to respond to your question about hospice facilities serving patients for potentially up to one year. While some patients may indeed receive community-based hospice services for more than 180 days, hospice patients cannot reside in a "general inpatient" hospice facility for that length of time because the patient must meet medical criteria in order to qualify for this higher intensity of care as outlined in the Medicare Benefit Policy Manual Chapter 9. Hospice inpatient facilities are intended to serve patients in need of acute medical care on a short-term basis. In accordance with the Medicare Benefit Policy Manual Chapter 9 - Coverage of Hospice Services Under Hospital Insurance, Section 40.1.5 - Short-Term Inpatient Care (Rev. 188, Issued: 05-01-14; Effective: 08-04-14; Implementation: 08-04-14) "General inpatient care is allowed when the patient's medical condition warrants a short-term inpatient stay for pain control or acute or chronic symptom management that cannot feasibly be provided in other settings." "For a hospice to provide and bill for the general inpatient level of care, the patient must require an intensity of care directed towards pain control and symptom management that cannot be managed in any other setting."

Average length of stay for these patients according to Medicare is 3-5 days. Patients that stabilize are returned home or to another community based long term care facility. **Since the hospice facility is not a long-term care facility, advance notice requirements are not appropriate nor are they feasible.**

We appreciate the Department's willingness to consider our input and we look forward to continuing to work with you to improve care for the patients we serve.

Sincerely,

A handwritten signature in cursive script, reading "Susan E. Negreen".

Susan E Negreen, ACSW, CAE
President & CEO

Summary of Recommended Changes to the CA Standards of Quality Hospice Care – 11/2018

Title 42 Part 418 Hospice Conditions of Part.	CA Standards of Quality Hospice Care 2005	Standards Committee Review
	Article 1 Definitions Attending Physician means a physician and surgeon who is: (a) a doctor of medicine or osteopathy; and (b) is identified by the patient, at the 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; or (c) is a covering physician acting on behalf of the attending physician.	Attending Physician means a physician and surgeon, <i>an advanced nurse practitioner or physician assistant</i> who is: (a) a doctor of medicine or osteopathy, <i>an advanced nurse practitioner or physician assistant</i>; and (b) is identified by the patient, at the 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; or (c) is a covering physician acting on behalf of the attending physician.
	Bereavement Services means those services available to the surviving family members for a period of at least one year after the death of the patient, including an assessment of the needs of the bereaved family and the development of a care plan that meets these needs, both prior to and following the death of the patient.	Bereavement Services means those services available to the surviving family members for a period of at least one year after the death of the patient, including an assessment of the needs of the bereaved family and the development of a care plan that meets these needs, both prior to and following the death of the patient <i>to assist with issues related to grief, loss and adjustment.</i>
	Director means the Director of the California Department of Health Services.	Director means the Director of the California Department of <i>Public Health.</i>
	Home Health Aide has the same meaning as set forth in subdivision (c) of Section 1727.	<i>Change Home Health Aide definition to be the same as CoP 418.76 Hospice Aide definition.</i> • <i>Add use of certified nurse aides in general inpatient care.</i>
	Interdisciplinary Team means the hospice care team that includes, but is not limited to, the patient and patient's family, a physician and surgeon, a registered nurse, a social worker, a volunteer and a spiritual caregiver. The team shall be coordinated by a registered nurse and shall be under medical direction. The team shall meet regularly to develop and maintain an appropriate plan of care.	Interdisciplinary Team means the hospice care team that includes, but is not limited to, the patient and patient's family, a physician and surgeon, a registered nurse, a social worker, <i>and counselor</i> a volunteer and a spiritual caregiver. The team shall be coordinated by a registered nurse and shall be under medical direction. The team shall meet regularly to develop and maintain an appropriate plan of care.

Multiple Location means a Medicare-approved location from which the hospice provides the same full range of hospice care and services that is required of the hospice issued the certification number. A multiple location must meet all of the conditions of participation applicable to hospices.	Multiple Location means a location or site from which a hospice makes available basic hospice services within the service area of the parent agency. A multiple location share administration, supervision, policies and procedures, and services with the parent agency in a manner that renders it unnecessary for the site to independently meet the licensing requirements.	Change to be similar to COP: <i>Multiple Location means a location from which the hospice provides the same full range of hospice care and services that is required of the parent agency/hospice issued the license number, in a manner that renders it unnecessary for the site to independently meet the licensing requirements.</i>
	Plan of care means a written plan developed by the attending physician and surgeon, the medical director of physician and surgeon designee, and the interdisciplinary team that addresses the needs of a patient admitted to the hospice program. The hospice shall retain overall responsibility for the development and maintenance of the plan of care and quality of services delivered.	Plan of care means a written plan developed by the attending physician and surgeon, the medical director of or physician and surgeon designee, and the interdisciplinary team that addresses the needs of a patient and family admitted to the hospice program. The hospice shall retain overall responsibility for the development and maintenance of the plan of care and quality of services delivered.
Representative means 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.		Add same language as CoP definition <i>Representative means an individual who has the authority under CA State law (whether by statute or pursuant to an appointment by the courts of the State of CA) 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.</i>
Restraint means – (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 when it is used as a restriction to manage the patient's behavior or restrict the patient's freedom of movement and is not a standard treatment or dosage for the patient's condition. Seclusion means the involuntary confinement of a patient alone in a room or an area from which the patient is physically prevented from leaving.		
	Skilled Nursing Services means nursing services provided by or under the supervision of a registered nurse under a plan of care developed by the interdisciplinary team and the patient's physician and surgeon to a patient and his/her family that pertain to the palliative, supportive services required by patients with a terminal illness. Skilled nursing services includes, but are not limited to, patient assessment, evaluation and case management of the medical nursing needs of the patient, the performance of prescribed medical treatment for pain and symptom control, the provision of emotional support to both the patient and his or her family, and the instruction of caregivers in providing personal care to the patient. Skilled nursing services shall provide for the continuity of services for the patient and his or her family. Skilled nursing services shall be available on a 24-hour on-call basis.	
	Social Service/Counseling Services means those counseling and spiritual care services that assist the patient and his or her family to minimize stresses and problems that arise from social, economic, psychological, or spiritual needs by utilizing appropriate community resources, and maximize positive aspects and opportunities for growth. Social Worker means a person who has a Master of Social Work degree from a school accredited by the Council on Social Work Education and clinical	

	experience relevant to the psychosocial needs of patients and families. Social Work Associate means a person with a baccalaureate degree in social work from a school accredited by the Council on Social Work Education and clinical experience relevant to the casework needs of patients and families.	Social Work Associate means a person with a baccalaureate degree in social work from a school accredited by the Council on Social Work Education and clinical experience relevant to the casework needs of patients and families, and is supervised by an MSW.
	Section 6.6 Patient/Family Rights and Responsibilities 2. Patient/family responsibilities: a. To remain under a doctor's care while receiving hospice services. b. To inform the program of any advance directives or any changes in advance directives and provide the program with a copy. c. To cooperate with the primary doctor, program staff and other caregivers. d. To advise the program of any problems or dissatisfaction with patient care. e. To notify the program of address or telephone number changes or when unable to keep appointments. f. To provide a safe home environment in which care can be given. In the event that conduct occurs such that the patient's or staff's welfare or safety is threatened, service may be terminated. g. Obtain medications, supplies and equipment ordered by the patient's physician if they cannot be obtained or supplied by the program. h. Treat personnel with respect and consideration. i. Sign the required consents and releases for insurance billing and provide insurance and financial records as requested.	<i>Under 6.6(A) 2. Patient/family responsibilities</i> Add k:

	j. Accept the consequences for any refusal of treatment or choice of non-compliance.	k. To inform program of any changes in third party reimbursement including Medicare, Medi-Cal and any private insurance.
§ 418.54 Condition of Participation: Initial and comprehensive assessment of the patient 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. (a) Standard: Initial assessment The hospice registered nurse must complete an initial assessment within 48 hours after the election of hospice care in accordance with § 418.24 is complete (unless the physician, patient, or representative requests that the initial assessment be completed in less than 48 hours). (b) Standard: Time frame for completion of the comprehensive assessment 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 in accordance with § 418.24	Article 3. Plan of Care Section 3.1 Assessments Comprehensive assessments are conducted and developed to identify the patient's need for care and the need for medical, nursing, social, emotional and spiritual care that includes the palliation and management of the terminal illness and related medical conditions. A. The program's representative makes an initial contact to determine the immediate care and support needs of the patient. The initial contact occurs as soon as possible after receipt of the referral for care. B. Following consent of the patient, the program must conduct a comprehensive assessment. C. A comprehensive assessment includes input from members of the interdisciplinary team. Information regarding the outcome of this assessment, which may be contained in one or more assessment documents, is located in the plan of care or elsewhere in the clinical record. The outcome of the comprehensive assessment forms the basis for the goals and interventions contained in the plan of care. The following information is evaluated as part of the comprehensive assessment document. 1. The patient's physical condition, including functional ability and mental status. 2. The patient's pain and other symptoms and the level of discomfort and symptom relief. 3. A review of the patient's drug profile, including over-the-counter drugs. 4. The patient's and family's social and emotional well being. 5. The patient's spiritual orientation and needs.	A. The program's representative makes An initial contact assessment is completed to determine the immediate care and support needs of the patient. The initial contact occurs as soon as possible after receipt of the referral for care. (This brings it into alignment with the COPs) Delete B. Following consent of the patient, the program must conduct a comprehensive assessment. (This brings it into alignment with the COPs)

	6. Imminence of death. 7. Any other information necessary to develop an effective interdisciplinary plan of care.	Add: 8. Bereavement
	Section 6.3 Record-keeping Requirements A. Employee Health Examinations and Health Records 1. All persons providing physician, nursing or home health aide services shall have a health examination by a physician, nurse practitioner or physician's assistant six months prior to employment or within 14 days of the date of employment. Each examination shall include confirmation by the person performing the examination that the employee is physically and medically qualified to perform the duties to be assigned, and that the employee has no health condition that would create a hazard to patients. 2. The initial health examination shall include a tuberculosis screening. Tuberculosis screening shall occur annually thereafter. 3. Hepatitis B vaccinations will be offered to all employees whose jobs involve the risk of directly contacting blood or other potentially infection materials consistent with OSHA standards. 4. Employees' health records shall be stored, protected against loss, destruction or unauthorized use.	2. The initial health examination shall include a tuberculosis screening. Tuberculosis screening shall occur annually thereafter. Follow-up to the initial Tuberculosis screening shall occur at a minimum frequency that is defined by CA state law.
	Section 2.2 Physician A. Medical Director Medical Director services are provided in a manner consistent with the philosophy of hospice and palliative care and include, but are not limited to: 1. Assuring the provision of quality care that meets the medical needs of the patient and family.	Add:

	2. Consulting and coordinating care with hospice physicians and attending physicians. 3. Participating in the development and implementation of the policies related to the care provided by the interdisciplinary team.	4. All physician employees and those under contract must function under the supervision of the hospice medical director. (This brings it into alignment with the new COPs)
	Section 2.3 Nursing A. Skilled Nursing 1. Skilled Nursing Services shall be provided consistent with the hospice plan of care and the Nurse Practice Act. 2. The definition of skilled nursing shall not include interviews to determine the patient's and family's needs or referrals to licensed care or community resources. B. Licensed Vocational Nursing 5. Services provided by Licensed Vocational Nurses shall be consistent with the plan of care as directed by a registered nurse and consistent with the Nurse Practice Act.	Section 2.3 Skilled Nursing A.—Skilled Registered Nursing 1. Skilled Registered Nursing Services shall be provided consistent with the hospice plan of care and the Nurse Practice Act. 2. The definition of skilled nursing shall not include interviews to determine the patient's and family's needs or referrals to licensed care or community resources. 2. 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. (Same as COP) B. Licensed Vocational Nursing 1. Services provided by Licensed Vocational Nurses shall be consistent with the plan of care as directed by a registered nurse and consistent with the LVN scope of practice and the Nurse Practice Act.
	Section 2.5 Social Work A. Social work services include but are not limited to: 1. Assisting the interdisciplinary team in understanding the significant social and emotional factors related to a terminal illness. 2. Providing psychosocial and emotional support to the patient/family. 3. Facilitating appropriate community resources and providing casework. B. A Social Worker is a person who has a Master of Social Work degree from a school accredited by the Council on Social Work	Section 2.5 Social Work Delete B & C from Section 2.5 and Move B & C to SW qualifications section 5.6: Add supervision - same as COP definition above, see C. B. A Social Worker is a person who has a Master of Social Work degree from a school accredited by the Council on Social Work Education and clinical experience relevant to the psychosocial needs of patient and families.

	Education and clinical experience relevant to the psychosocial needs of patient and families. C. A Social Work Associate is a person with a baccalaureate degree in social work from a school accredited by the Council on Social Work Education and clinical experience relevant to the casework needs of patients and families.	C. A Social Work Associate is a person with a baccalaureate degree in social work from a school accredited by the Council on Social Work Education and clinical experience relevant to the casework needs of patients and families, and is supervised by an MSW.
§ 418.72 Condition of Participation: Physical therapy, occupational therapy, and speech-language pathology Physical therapy services, occupational therapy services, and speech-language pathology services must be available, and when provided, offered in a manner consistent with accepted standards of practice.		Add: Physical therapy, occupational therapy, and speech-language pathology <i>Physical therapy services, occupational therapy services, and speech-language pathology services must be available, and when provided, offered in a manner consistent with accepted standards of practice. (Same as COP)</i>
	Section 2.4 Home Health Aide/Homemaker A. Home Health Aide 1. Home Health Aide services shall be provided by certified personnel in a manner consistent with the scope of their certification. 2. When a program provides, or arranges for, Home Health Aide services, the services shall be given in accordance with the plan of care and shall be supervised by a Registered Nurse in accordance with applicable laws and regulations.	<i>Change Home Health Aide definition to be the same as CoP 418.76 Hospice Aide definition.</i> • Add use of certified nurse aides in general inpatient care.
	Section 6.2 Policies A. Administrative Policies 1. Written administrative policies shall be developed and shall be reviewed as necessary and, if indicated, revised. These policies shall be made available to patients/families or their agents upon request.	

	2. These policies shall include, but not be limited to: a. A policy that patients shall be accepted for care and be cared for without discrimination on the basis of age, sex, sexual orientation, mental or physical handicap, race, color, religion, ancestry or national origin. b. A policy on charges for care or services. c. A policy on causes for termination of services. d. A policy that patients shall be accepted for treatment on the basis of a reasonable expectation that the patient's needs can be met by the program. Such reasonable expectations shall be based on an assessment of at least the following factors: (1) A physician certifying a prognosis of a terminal illness with a prognosis of one year or less, if the disease follows its natural course. (2) A plan to meet medical and non-medical emergencies. (3) Physical facilities adequate for proper care and a safe environment for patients and program staff. e. A policy for discharge of patients. Criteria for discharge may include: (1) Death of the patient. (2) The patient's condition has changed so he/she is no longer considered eligible for services. (3) The patient and family or attending physician requests discharge. (4) The patient/family is unwilling to comply with the plan of care, and consistently acts in a way that compromises standards of care. (5) Issues of staff safety cannot be resolved.	c. is duplicative already under 2. e. A policy for discharge of patients. e. A policy on causes for termination of services. 3. Physical facilities adequate for proper care and a safe environment for patients and program staff. (Because not all homes have an adequate environment, yet are still cared for by hospice, including the homeless.) Delete attending physician. 3. The patient and family or attending physician requests discharge. (To be consistent with COPs)
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	(6) The patient moves from the geographic area served by the program. (7) The patient and family elects to receive care from another provider. (8) Subject to applicable contracts, state and federal law, payment sources are exhausted, and the program is fiscally unable to provide free or part-care care. (9) The program is closing. f. Patient care policies and procedures that govern record keeping and all services provided shall be established and followed. g. Policies on appropriate methods and procedures for the dispensing, administered and disposal of drugs and biologicals in accordance with accepted professional principles and appropriate Federal, State, and local laws. h. Policies for program evaluation. i. Policies on protecting patients from exposure to infectious diseases. j. Personnel policies shall include qualifications, responsibilities and conditions of employment. Policies shall be available to all personnel. Policies shall include, but are not limited to: (1) Hours of work, wage scales, vacation and sick leave. (2) Orientation and continuing in-service training. (3) A plan for an annual evaluation of employee performance. (4) Specific job descriptions for each category of personnel including qualification, duties and activities. (5) Requirement for all employees and volunteers with direct patient contact to have a background check as required by law prior to assignment to duties.	g. Policies on appropriate methods and procedures for the dispensing, administered <i>administration</i> and disposal of drugs and biologicals in accordance with accepted professional principles and appropriate Federal, State, and local laws.
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	(k) A written policy assuring compliance with the Patient Self-Determination Act. (l) A written policy and plan that addresses patient care during a disaster.	
	Section 6.3 Record-keeping Requirements 3. Maintenance of records a. Patients' clinical records shall be current and kept in detail consistent with good medical and professional practice based on the service provided to each patient.	3. Maintenance of records a. Patients' clinical records shall be current and kept in detail consistent with good medical and professional practice based on the service provided to each patient. <i>The clinical record may be maintained electronically.</i>
	2. Discharge a. Discharge notes and summary of all program services, if other than by death shall include: (1) Summary of the patient's physical, mental, spiritual and emotional status at the time of discharge. (2) Method of initiation of discharge, i.e., by physician, hospice, patient and/or family. (3) Date and reason for termination of service. (4) Extent to which treatment goals were obtained. (5) Referrals made, if necessary. (6) Documentation of notification of the termination of services to patient, family and physician. (7) Transfer notes, if appropriate. b. Discharge notes and summary of all program services, if discharged by death shall include: (1) Date and location of death.	<i>Change b. (3) to:</i>

	(2) Extent to which treatment goals were obtained, including pain and symptom management. (3) Degree of emotional support extended to family and significant others. (4) Bereavement services plan. (5) Disposition of Schedule II drugs.	(3) Degree of emotional support extended to family and significant others. Summary of family's and significant other's emotional status.
	Section 2.7 Facility-based Services A. The same set of services must be provided as are provided to patients/families living in their own homes. The program must ensure that care is safe, appropriate and consistent with the plan of care, and that caregivers are kept informed and involved in the patient's care. B. Programs must document evidence of education to facility staff on hospice care and symptom management. The program is responsible for managing the plan of care and ensuring that an appropriate standard of care is provided in the facility. Services shall continue without interruption if patient care settings change. I. Inpatient a. Inpatient care for pain control and symptom management must be provided in one of the following: (1) A hospice that meets the Medicare Conditions of Participation for providing inpatient care directly. (2) A hospital or skilled nursing facility that meets the standards specified in the Medicare Conditions of Participation, Section 418.100 (a) and (c), regarding 24-hour nursing service and patient areas. At any time when general inpatient care is provided at least one Registered Nurse must be on site.	(2) A hospital or skilled nursing facility that meets the standards specified in the Medicare Conditions of Participation, Section 418.100 (a) and (c), 418.108 (a), (b), and (c), regarding 24-hour nursing service and patient areas. At any time when general inpatient care is provided at least one Registered Nurse must be on site.

	2. Respite care a. Provision of respite services to relieve the caregiver may be provided or arranged for under contract in a licensed acute or skilled nursing facility. 3. Residential (3) a. Allows for the provision of temporary or permanent care in a licensed care facility other than the patient's home.	2. Respite care a. Provision of respite services to relieve the caregiver may be provided <i>in a hospice facility</i> or arranged for under contract in a licensed acute or skilled nursing facility. 3. Residential a. Allows for the provision of temporary or permanent <i>care hospice services</i> in a licensed care facility other than the patient's home.
§ 418.110 Condition of Participation: Hospices that provide inpatient care directly * All Standards		Add entire Medicare Hospice COP § 418.110 -Hospices that provide inpatient care directly
	Article 5 Staffing Section 5.1 Administration A. An administrator shall have supervisory or administrative experience in hospice or related health care fields or education in healthcare or administration that meet the requirements of the position. B. The administrator has overall responsibility for day-to-day operations, complying with applicable rules and regulations, and reporting to the governing body. C. The administrator or qualified alternate shall be available on the premises or by telecommunication during normal business hours.	Section 5.1 Administration Change to <i>Administrator</i> CHAPCA suggests that the Administrator position have the same temporary absence and vacancy requirements as the Director of Patient Care Services therefore, add new B&C and change 5.1 B&C from original standards to D&E <i>B. In the temporary absence (in excess of twenty (20) consecutive working days) of the Administrator, an alternate shall be designated in writing as responsible for fulfilling the duties of Administrator.</i> <i>C. Any vacancy in the Administrator position shall be filled within sixty (60) days of the vacancy and the Department notified of the replacement.</i> D. The administrator has overall responsibility for day-to-day operations, complying with applicable rules and regulations, and reporting to the governing body. E. The administrator or qualified alternate shall be available on the premises or by telecommunication during normal business hours.

§ 418.114 Condition of Participation: Personnel qualifications (b) (3) Social Worker. A person who – (i) (A) Has a Master of Social Work (MSW) degree from a school of social work accredited by the Council on Social Work Education; or Has a baccalaureate degree in social work from an institution accredited by the Council on Social Work Education; or 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 this section; and (ii) Has 1 year of social work experience in a health care setting; or (iii) Has a baccalaureate degree from a school of social work accredited by the Council on Social Work Education, is employed by the hospice before December 2, 2008, and is not required to be supervised by an MSW.	Section 5.6 Social Work Services A. Social work services include but are not limited to: 1. Assisting the interdisciplinary team in understanding the significant social and emotional factors related to a terminal illness. 2. Providing psychosocial and emotional support to the patient/family. 3. Facilitating appropriate community resources and providing casework. B. All social work services personnel working with hospice patients and families shall have orientation and training appropriate to the needs of patients and family members.	Section 5.6 Social Work Services A, 1, 2, and 3 is duplicated word for word under section 2.5 Social Work Services and therefore removed from this section and change B to A. A. Social work services include but are not limited to: 1. <u>Assisting the interdisciplinary team in understanding the significant social and emotional factors related to a terminal illness.</u> 2. <u>Providing psychosocial and emotional support to the patient/family.</u> 3. <u>Facilitating appropriate community resources and providing casework.</u> A. All social work services personnel working with hospice patients and families shall have orientation and training appropriate to the needs of patients and family members. B. <u>A Social Worker is a person who has a Master of Social Work degree from a school accredited by the Council on Social Work Education and clinical experience relevant to the psychosocial needs of patient and families.</u> C. <u>A Social Work Associate is a person with a baccalaureate degree in social work from a school accredited by the Council on Social Work Education and clinical experience relevant to the casework needs of patients and families, and is supervised by an MSW.</u>
	Section 5.7 Spiritual Services A. The program shall designate a specific person(s) to provide and/or oversee the spiritual care of the patient and/or caregiver(s) and to	

	ensure that the patient's needs are met and rights are preserved. B. An initial spiritual assessment for all consenting patients and/or documentation supporting attempts to make such an assessment shall be completed within a reasonable period of time. C. The person(s) providing or overseeing the patients' and/or caregivers' spiritual care shall document visits, observations and interventions in the patient's clinical record including any contact with spiritual caregivers outside the interdisciplinary team. D. The designated person providing spiritual services shall have the following qualifications: 1. Demonstrated experience and training to support the spiritual needs of the patient and family. 2. Completion of an appropriate orientation and training program.	Delete: B. An initial spiritual assessment for all consenting patients and/or documentation supporting attempts to make such an assessment shall be completed within a reasonable period of time. (Comprehensive assessment covers spiritual assessment and includes a time frame for completion.)