Medicare Hospice Conditions of Participation
Allied Therapists

Summary

Highlights of key changes for allied therapy professionals and guidance for implementation

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Background

Allied therapy services have always been a part of hospice care, and the new Conditions of Participation address specific ways that allied therapists are involved in every aspect of patient care.

418.52 Patient rights

While the allied therapist would not typically be the team member that meets with the patient and family regarding hospice election, they should be familiar with the decision making and election process. All members of the IDT, including allied therapists, must have a working understanding of patient rights. They need to be familiar with the agency policy regarding this standard and comply with procedures regarding any potential violation of these rights (e.g. grievance procedure, procedure for reporting alleged mistreatment, neglect, or abuse).

Allied therapy services should be explained at the time of admission and during the provision of care as part of the comprehensive services that may be provided. Information should be provided verbally and in writing and should include instruction on the provision of services, the credentials of the therapist providing services, and the expected treatment plan as offered by the hospice program. Therapeutic bodywork therapy, art or music therapy, aromatherapy, horticulture, pet, or recreational hospice therapies, although ancillary, will require informative instruction on the specific uses and value as the therapies are applied in the hospice setting for patient / caregiver including treatment goals and expected outcomes of care.

Hospice patients have rights and responsibilities that must be honored by all hospice team members, including allied therapists. Allied therapists need to be familiar with the rights and procedures for reporting any potential violations. Allied therapy services, including types of services, qualifications of those providing them, goals and expected outcomes, should be explained to patients and families during the hospice election process.

418.54 Initial and comprehensive assessment of the patient

Allied therapy assessments should be integrated into the initial and ongoing comprehensive assessment as applicable. Assessment findings should lead to problem identification with measurable goals and outcomes. Continued documentation should include reassessment findings and reflect progress towards goals. The IDG should have knowledge of services available that can be applied professionally and therapeutically in the hospice setting.
The IDT must have access to a formal referral process and have comprehensive knowledge of allied therapy use for specific goals to meet the initial comprehensive assessment requirements. Allied therapy assessments should be conducted upon referral for services and should be integrated into the comprehensive as applicable. The allied therapy assessment should include assessment findings as applicable to the service or discipline conducting the evaluation with identified problems, goals and expected outcomes. Use of herbals that may be used by the complementary therapist is required to be on the drug profile and/or treatment plan.

Referrals for all allied therapy services including physical, occupational, speech, and complementary therapies such as bodywork therapies and healing arts therapies should be included in the comprehensive plan of care with a treatment goal using measurable effects, pre and post assessment documentation. Documentation needs to include short and long range goals when allied therapy services are initiated, whether during the initial IDT assessment, upon referral, or as the comprehensive assessment is updated during the course of care.

418.56 Condition of participation: Interdisciplinary group, care planning, and coordination of services.

All aspects of service delivery must be coordinated and included in the hospice plan of care. The allied therapist must ensure that services provided, including scope and frequency, interventions, goals and outcomes, including the level of understanding and participation of the patient and family are included in the plan of care. Communication across all care providers and the interdisciplinary team is essential for integration and coordination of allied therapy services.

418.58 Condition of participation: Quality assessment and performance improvement.

The allied therapist may now be asked to participate in development and the implementation of the hospices QAPI plan. The QAPI plan may include measuring data specific to allied therapy goals and will require the allied therapist to document identified measurements or progress towards goals over time.

The new COP’s require that the agencies QAPI plan include indicators that are specific to your agency’s program scope and activities. Measurable indicators should affect palliative care outcomes including patient safety and care quality. If your agency has an active allied therapy program- whether that be physical, occupational, speech, bodywork, or healing arts therapies- the QAPI plan should include indicators that are either specific to the allied therapy work or it may include indicators where allied therapists have impact.

418.60 Condition of participation: Infection control.

Allied therapists must follow hand hygiene procedures and other standard precautions as part of the agencies infection prevention plan. All therapists must receive infection control education by the hospice. Ensure that your agency has established procedures for cleaning and maintaining of equipment and other materials to avoid the transmission of infection.

418.62 Condition of participation: Licensed professional services.

All allied therapists must maintain appropriate licensure and certifications whether they are employees or under contract as per state regulations and hospice policies. The therapist should be an active member of the team and participate in all aspects of patient assessment and care planning. Additionally, all therapists are required to attend hospice in-service training.

418.72 Condition of participation: Physical therapy, occupational therapy, and speech-language pathology.

Hospices are required to provide physical, occupational, and speech therapy as needed for the palliation and management of the terminal illness. All services must be provided in accordance with professional standards of practice.

418.104 Condition of participation: Clinical records.

Therapists must submit timely and comprehensive documentation for all care and services provided in a timely manner for inclusion in the medical record.
418.114 Condition of participation: Personnel qualifications.

Allied therapy standards are outlined and inclusive in the conditions of participation, complementary therapy certification qualifications are not. Each hospice program must become familiar with state requirements for complementary therapy practice. Every state, for example, has a different educational standard for massage therapy, requiring anywhere from no requirement to 1000 hours of training from a certified massage therapy program. In addition, every hospice program must determine the program standard for hiring complementary therapists who are applying skills to people living with advanced illnesses, moving through a dying process.

Criminal background checks are required for all disciplines with patient contact or access to records. If State licensure requirements do not address criminal background checks, the COP requirement applies to all allied therapists.

What do I need to be successful?

- Identify a team member responsible for the oversight of complementary therapy integration in organization. Develop formal guidelines, education, and referral and evaluation process for the use and implementation of complementary therapy services offered by hospice program. Additionally, ensure that all therapists, whether employees or contracted, have received information and education regarding patient rights and the hospice election process.

- A working knowledge of goals, application and outcomes of allied therapy services being offered by hospice program. All allied therapy disciplines should have a program and discipline specific evaluation and assessment tool. Ensure that the hospice care plan include applicable allied therapy goals, interventions, and outcomes.

- NHPCO Marketplace publication: Complementary Therapies in End of Life Care

- Attend IDT meetings if possible. Ensure that allied therapy services are included in the plan of care. Ensure that your agency has processes and procedures for ensuring communication between all team members.

- Discuss your agencies QAPI plan with your agencies quality improvement coordinator. Identify measurable outcomes specific to allied therapy that can be integrated into the agencies QAPI plan. For example, the physical therapist may be actively involved in the agencies fall reduction plan. The complementary or healing arts therapist may be involved in a QAPI project designed to reduce anxiety for patients or caregivers.

- Ensure that you know and have available the hospices documentation tools. Plan to complete documentation during your visits and submit to the hospice in a timely manner.

- Ensure that your hospice understands the important role that therapy services can play in improving safety, improved quality of life through adaptation and modification of the environment as function declines, and palliation of symptoms. Increase your knowledge and understanding of the role that therapy service can provide and how to modify treatment plans as a patient status declines (rehab in reverse principles).

- Know your state regulations regarding licensure and certification requirements for all allied therapy disciplines. Plan to attend your hospices in-service training and activities.

Prepared by the NCHPP Allied Therapist Section