Medicare Hospice Conditions of Participation
Bereavement

Summary

Highlights of key changes for bereavement professionals
and guidance for implementation

1. Standard 418.3 – Definition of bereavement counseling
2. Standard 418.54 – Content of comprehensive assessment
3. Standard 418.64 – Core services. Counseling
4. Standard 418.112 (c) Hospice care to residents of a SNF/NF or ICF/MR

What’s the change?
- Bereavement counseling includes pre and post-death bereavement counseling
- The bereavement program must be under the supervision of a qualified professional with experience or education in grief or loss counseling
- Provision of bereavement services to residents of a nursing facility or ICF/MR

Background
Compared with changes impacting other disciplines, the changes in the COPs should have little effect on hospice bereavement programs. The new CoPs provide the opportunity for all programs to review, refresh and re-clarify all aspects of the delivery of hospice bereavement services. The clarifications for bereavement are what any hospice should already be doing from a ‘good practice’ perspective.

Standard 418.3 – Definitions
Bereavement counseling means 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.

Nowhere in the COP definition does it say that bereavement counselors must be the ones to provide the bereavement support before the death. For many hospices, it is the role of the social worker or chaplain to provide ‘pre-death’ assessment and counseling for patients and families with bereavement staff providing support following death. Bereavement counselors play an important role on the IDT in making sure clinical staff is well versed in current loss and grief theory and normal versus complicated grief reactions. They also can provide skill training on how to best support grieving patients and family members. Bereavement staff may occasionally supplement social work and chaplain support that is providing prior to death, but this is usually determined on a case by case basis.

Standard 418.54 – Initial and comprehensive assessment of the patient
Patients and families receive an initial bereavement assessment that informs the plan of care and is included in the bereavement plan of care to ensure continuity and attention to the identified needs. Strong lines of communication and collaboration between the IDT and the bereavement staff is the best way to ensure loss and grief needs are continually monitored and addressed.

418.64 – Core services
Supervision: The CoP for counseling services requires that the hospice 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. If there is no qualified professional on staff, the hospice may need to hire someone or contract with other community resources to ensure compliance with this regulation.

Bereavement plan of care: The new COP’s emphasize the importance of making sure the particular services provided reflect the needs identified in the bereavement plan of care and specify the frequency. Some programs may need to take
a closer look at their documentation to ensure it is tailored to individual clients they are serving. In reviewing bereavement records, one should find that documentation 'paints the picture' to convey the impact the death has had on a particular individual. Peer chart reviews are an excellent method of ensuring regulatory compliance as well as consistency among staff documentation of client assessments, interventions, plan of care and frequency of services.

### 418.112 – Hospice care in the nursing home

**Residents of SNF/IF or ICF/MR:** The new regulations require that hospice programs make bereavement services available to residents in nursing homes or intermediate care facilities for the mentally retarded. It is also required that the hospice delineate the responsibilities of the hospice staff and the nursing facility staff for the provision of bereavement services.

### § 418.114 – Personnel qualifications

- 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 his or her State license, or State certification, or registration. All personnel qualifications must be kept current at all times.
- All hospice employees who have direct patient contact or access to patient records must have a criminal background check. Hospice contracts must require that all contracted entities obtain criminal background checks on contracted employees who have direct patient contact or access to patient records.

### Resources I will need to be successful?

- NHPCO’s Guidelines for Bereavement Care in Hospice (NHPCO, 2008)
- Membership in the Bereavement Professionals’ Section of the National Council of Hospice and Palliative Professionals (NCHPP)
- Participation in one or more of its listserves (www.nhpco.org/nchpp)

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