Medicare Hospice Conditions of Participation (CoPs)
Compliance Guide for Hospice Providers
January 2015

Sec. 418.110 Condition of Participation:
Hospices That Provide Inpatient Care Directly

Due to the detail in this CoP, only key information is provided in this guide. The full regulatory text for §418.110 is available at:
- NHPCO’s Regulatory & Compliance Center
- The requirements for hospices that provide inpatient care directly were published in the Federal Register, June 5, 2008. However, there are regular “tweaks” and changes to the Conditions of Participation. For the latest information and updated Conditions of Participation, the Code of Federal Regulations (CFR) is updated each year. The 2013 edition of the Medicare Hospice Conditions of Participation can be found here.

- **Facility operation**
  - A hospice that provides inpatient care directly in its own facility must demonstrate compliance with all of the following standards regarding facility operations:
    - Staffing.
      - The hospice is responsible for ensuring that staffing for all services reflects its volume of patients, their acuity, and the level of intensity of services needed to ensure that plan of care outcomes are achieved and negative outcomes are avoided.
      - The hospice facility must provide 24-hour nursing services that meet the nursing needs of all patients and are furnished in accordance with each patient’s plan of care. Each patient must receive all nursing services as prescribed and must be kept comfortable, clean, well-groomed, and protected from accident, injury, and infection.
      - If at least one patient in the hospice facility is receiving general inpatient care, then each shift must include a registered nurse who provides direct patient care.
    - Physical environment.
      - The hospice must maintain a safe physical environment free of hazards for patients, staff, and visitors.
Fire protection.


Emergency preparedness plan.

- The hospice must have a written disaster preparedness plan in effect for managing the consequences of power failures, natural disasters, and other emergencies that would affect the hospice's ability to provide care.
- The plan must be periodically reviewed and rehearsed with staff (including nonemployee staff) with special emphasis placed on carrying out the procedures necessary to protect patients and others.

Patient areas.

- The hospice must provide a home-like atmosphere and ensure that patient areas are designed to preserve the dignity, comfort, and privacy of patients.
- The hospice must provide—
  - Physical space for private patient and family visiting;
  - Accommodations for family members to remain with the patient throughout the night; and
  - Physical space for family privacy after a patient’s death.
- The hospice must provide the opportunity for patients to receive visitors at any hour, including infants and small children.

Patient rooms.

- Each patient’s room must—
  - Accommodate no more than two patients and their family members.
  - Toilet and bathing facilities. Each patient room must be equipped with, or conveniently located near, toilet and bathing facilities.
Infection control.
- The hospice must maintain an infection control program that protects patients, staff and all others that come into the facility by preventing and controlling infections and communicable disease as stipulated in § 418.60.

Sanitary environment.
- The hospice must provide a sanitary environment by following current standards of practice, including nationally recognized infection control precautions, and avoid sources and transmission of infections and communicable diseases.

Linen.
- The hospice must have available at all times a quantity of clean linen in sufficient amounts for all patient uses. Linens must be handled, stored, processed, and transported in such a manner as to prevent the spread of contaminants.

Meal service and menu planning.
- The hospice must furnish meals to each patient that are—
  - Consistent with the patient’s plan of care, nutritional needs, and therapeutic diet;
  - Palatable, attractive, and served at the proper temperature; and
  - Obtained, stored, prepared, distributed, and served under sanitary conditions.

Restraint or seclusion
- Requirements for use of restraints or seclusion with patients:
  - In accordance with a modification to the patient’s plan of care AND a physician’s order (no standing orders or PRN).
  - Implemented with safe techniques.
  - **No more than 24 hours total; renewed every 4 hours for adults**
  - Monitored by trained staff
  - Face-to-face evaluation every hour for violent or self-destructive behavior.
  - Staff trained before implementing seclusion or restraint techniques, at orientation, and on a periodic basis thereafter.
  - Training addresses all relevant areas.
  - Training documentation in personnel records.
  - Report deaths associated with use of seclusion or restraint.

NHPCO Additional Resource
Supplemental Compliance Guide for Restraint and Seclusion
**Located in NHPCO’s Regulatory & Compliance Center**
• Report deaths within 1 week of seclusion or restraint use when reasonable to assume a relationship.
• Report by phone to CMS no later than the close of the next business day after death; document reporting in patient’s clinical record.
• If an hospice facility deems themselves a restraint or seclusion free facility, then there must be a policy and procedure in place that outlines the procedure for a patient who needs restraint or seclusion.
• If a facility uses restraint or seclusion for patients, then all direct patient care staff must be CPR certified.

***Compliance suggestions for hospice providers***

• Review and revise (as needed) program policy/procedure at least annually.
• Ensure that inpatient facility meets all requirements in the 2000 edition of the Life Safety Code (LSC) of the National Fire Protection Association (NFPA).
• See waiver process if for the patient room requirements in standard if:
  o It would result in unreasonable hardship on the hospice if strictly enforced; or jeopardize its ability to continue to participate in the Medicare program; and
  o The waiver serves the needs of the patient and does not adversely affect their health and safety.
• Incorporate education inpatient requirements into your orientation program and continuing education for all inpatient staff and appropriate home care staff.
• Please note that hospice providers need to comply with the most stringent regulatory requirements (Federal or State).

Resources
• NHPCO’s Regulatory & Compliance Center
  http://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/CertificationandComplianc/LSC.html
• State Operations Manual, Chapter 2 - The Certification Process

References
Part II - Department of Health and Human Services, Centers for Medicare & Medicaid Services
42 CFR Part 418. Medicare and Medicaid Programs: Hospice Conditions of Participation; last update 2013