

## § 418.76 Condition of Participation: Hospice Aide and Homemaker Services

All hospice aide services must be provided by individuals who meet the specified hospice aide requirements.

### Hospice aide qualifications

- Has completed one of the following:
- A training program and competency evaluation that includes classroom and supervised practical training in a practicum laboratory or other setting in which the trainee demonstrates knowledge while performing tasks on an individual under the direct supervision of a registered nurse, or a licensed practical nurse, who is under the supervision of a registered nurse.
  - Classroom and supervised practical training combined **must total at least 75 hours**.
  - Hospice should have a description of the training/competency evaluation program, and the qualifications of the instructors and a documentation which distinguishes between skills taught at a patient's bedside with supervision, and those taught in a laboratory using a real person (not a mannequin) and indicators of which skills each aide was judged to be competent.
    - ▶ A competency evaluation program that meets requirements specified in this regulation. (see competency bullet)
    - ▶ A nurse aide training and competency evaluation program approved by the State, meets § 418.76 specified requirements, and is currently listed in good standing on the State nurse aide registry.
    - ▶ A State licensure program that meets the requirements and meets § 418.76 specified requirements.
  - **NOTE: A hospice aide is not considered to have completed a program if there has been a 24-month lapse in providing care to patients. If this is the case, the individual must complete another program.**

### Hospice aide classroom and supervised practical training

- A hospice program can provide hospice aide training. Hospice aide training must include classroom and supervised practical training in a setting in which the trainee demonstrates knowledge while performing tasks on an individual under the direct supervision of a registered nurse, or a licensed practical nurse, who is under the supervision of a registered nurse. Classroom and supervised practical training combined **must total at least 75 hours**.
- A minimum of **16 hours of classroom training** must precede a **minimum of 16 hours of supervised practical training** as part of the 75 hours.
- A hospice aide training program must include the competency areas specified in the competency evaluation section below.
- Classroom and supervised practical training must be performed by a registered nurse who possesses a **minimum of 2 years nursing experience**, at least **1 year of which must be in home care**, or by other individuals under the general supervision of a registered nurse.

### Competency evaluation

- A hospice aide must be observed performing the tasks with a patient or pseudo-patient:
  - Communication skills, including the ability to read, write, and verbally report clinical information to patients, care givers, and other hospice staff.
  - Reading and recording temperature, pulse, and respiration.
  - Appropriate and safe techniques in performing personal hygiene and grooming tasks, including items on the following basic checklist:
    - ▶ Bed bath.
    - ▶ Sponge, tub, and shower bath.
    - ▶ Hair shampoo (sink, tub, and bed).
    - ▶ Nail and skin care.
    - ▶ Oral hygiene.
    - ▶ Toileting and elimination.
    - ▶ Safe transfer techniques and ambulation.
    - ▶ Normal range of motion and positioning.

- The additional skills may be evaluated through written examination, oral examination, or after observation of a hospice aide with a patient.
  - Observation, reporting, and documentation of patient status and care or service furnished.
  - Basic infection control procedures.
  - Basic elements of body functioning and changes in body function that must be reported to an aide’s supervisor.
  - Maintenance of a clean, safe, and healthy environment.
  - Recognizing emergencies and the knowledge of emergency procedures and their application.
  - The physical, emotional, and developmental needs of and ways to work with the populations served by the hospice, including the need for respect for the patient, his or her privacy, and his or her property.
  - Adequate nutrition and fluid intake.
  - Any other tasks that the hospice may choose to have an aide perform.
- A hospice aide is not considered competent in any task for which he or she is evaluated as unsatisfactory until after he or she receives training in the task and successfully completes a competency evaluation for that task.
- A hospice aide is not considered to have successfully completed a competency evaluation if the aide has an “unsatisfactory” rating in more than one of the required areas.
- The hospice is responsible for training hospice aides, as needed
- The hospice is responsible for assuring competency evaluations are completed for hospice aides under contract.
- The hospice must maintain documentation that demonstrates the requirements of this standard are met.

### **In-service training**

- A hospice aide must receive at least **12 hours** of in-service training during each **12-month period**.
- In-service training may occur while an aide is caring for a patient.
- In-service training may be offered by any organization, but it must be supervised by a registered nurse.
- The hospice must maintain documentation that demonstrates the requirements of this standard are met.

### **Hospice aide assignments and duties**

- Hospice aides are assigned to a specific patient by a registered nurse (RN) that is a member of the interdisciplinary team (IDT).
- Written patient care instructions for a hospice aide must be prepared by a registered nurse who is responsible for the supervision of a hospice aide.
- A hospice aide provides services that are:
  - Ordered by the IDT.
  - Included in the plan of care.
  - Permitted to be performed under State law by such hospice aide.
  - Consistent with the hospice aide training.
- The duties of a hospice aide include the following:
  - The provision of hands-on personal care.
  - The performance of simple procedures as an extension of therapy or nursing services (as permitted per state regulation).
  - Assistance in ambulation or exercises.
  - Assistance in administering medications that are ordinarily self –administered (as permitted per state regulation).
- Hospice aides must report changes in the patient’s medical, nursing, rehabilitative, and social needs to an RN, as the changes relate to the plan of care and quality assessment and improvement activities.
- Hospice aides must also complete documentation of care provided in compliance with the hospice’s policies and procedures.

## Supervision of hospice aides

- A registered nurse (RN) must make an **on-site** visit to the patient's home no less frequently than every **14 days** to assess the quality of care and services provided by the hospice aide and to ensure that the hospice aide care plan is followed.
  - **The hospice aide does not have to be present during this visit (Unless required by state regulation).**
  - If there is an area of assessed performance concern during the on-site visit noted, then the hospice must:
    - Have a RN must make an on-site visit to the location where the patient is receiving care in order to observe and assess the aide while he or she is performing care.
    - If an area of concern is verified during the on-site visit, then the hospice must conduct, and the hospice aide must complete a competency evaluation in the deficient area.
    - An RN must make an **annual on-site** visit to the location where a patient is receiving care in order to observe and assess each aide while he or she is performing care.
  - The supervising nurse must assess the following areas of hospice aide performance:
    - ▶ Following the patient's plan of care for completion of tasks assigned to the hospice aide by the registered nurse.
    - ▶ Creating successful interpersonal relationships with the patient and family.
    - ▶ Demonstrating competency with assigned tasks.
    - ▶ Complying with infection control policies and procedures.
    - ▶ Reporting changes in the patient's condition.

## Furnishing Medicaid personal care aide-only services under a Medicaid personal care benefit

- An individual may furnish personal care services on behalf of a hospice agency.
- Before the individual may furnish personal care services, the individual must be found competent by the State (if regulated by the State) to furnish those services.
- The individual only needs to demonstrate competency in the services the individual is required to furnish.
- Services under the Medicaid personal care benefit may be used to the extent that the hospice would routinely use the services of a hospice patient's family in implementing a patient's plan of care.
- The hospice must coordinate its hospice aide and homemaker services with the Medicaid personal care benefit to ensure the patient receives the hospice aide and homemaker services he or she needs.

## Homemaker qualifications

- Hospice providers must be able to provide homemaker services; it is not optional.
- A qualified homemaker is an individual who:
  - Can provide assistance in maintenance of a safe and healthy environment and services to enable the individual to carry out the treatment plan, and
  - Has successfully completed hospice orientation addressing the needs and concerns of patients and families coping with a terminal illness, or
  - Is a qualified hospice aide.
  - A homemaker could be a volunteer.

## Homemaker supervision and duties

- Homemaker services must be coordinated and supervised by a member of the interdisciplinary team.
- Instructions for homemaker duties must be prepared by a member of the interdisciplinary team.
- Homemakers must report all concerns about the patient or family to the member of the interdisciplinary team who is coordinating homemaker services.

## Compliance Suggestions for Hospice Providers

- Review all personnel files of current aides to ensure that they meet required criteria.
  - Documentation of qualifications.
  - Documentation of orientation from hospice provider.
  - Documentation of competency validation (at hire and annually).
  - Documentation of 12 hours of education in a 12 month period.
- Develop a tracking system for performing aide supervision visits every 14 days.
  - Consider forming a performance improvement project centered on compliance with this requirement.
- Ensure your aides have completed 12 in-service hours annually.
  - Although this is not a new requirement, consider developing a tracking system to ensure that all aides meet this requirement.
- Incorporate education about hospice aide requirements into your orientation program and continuing education for nurse and aides.

*Please note that hospice providers need to comply with the most stringent regulatory requirements (Federal or State).*

### Resources

- [NHPCO Marketplace](#) Hospice Aide on the Go Inservice Volume 3

### References

- Part II - Department of Health and Human Services, Centers for Medicare & Medicaid Services  
42 CFR Part 418 Medicare Hospice Care Regulations [eCFR :: 42 CFR Part 418 -- Hospice Care](#)