

Medicare Hospice Conditions of Participation
Bereavement
Revised June 2022

Summary

***Highlights of key changes for bereavement professionals
and guidance for implementation***

- 1) 418.3 Definition of bereavement counseling
- 2) 418.54 Content of comprehensive assessment
- 3) 418.64 Core services. Counseling
- 4) 418.112 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

The Medicare Conditions of Participation (CoP) outline the standard of care for bereavement services. For best practice perspective, hospices should look to NHPCO's Guidelines for Bereavement Care for additional guidance.

§ 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.

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 staff play an important role in the interdisciplinary team (IDT) through ensuring clinical staff are well versed in current loss and grief theory, as well as understand normal versus complicated grief reactions. Bereavement staff can also 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.

§ 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. This initial bereavement assessment is a part of the initial and comprehensive assessment of the patient and is updated as needed throughout a hospice episode of care, as well as after death. 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 in a timely manner throughout an episode of care and for at least 13 months after death.

§ 418.64 Core services

Supervision: The CoP for counseling services requires 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 CoPs 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 individualized and demonstrates support and services tailored to the individual bereaved. In reviewing bereavement records, one should find documentation 'paints the picture' to convey the impact the death has had on a particular bereaved 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 CoPs require hospice programs make bereavement services available to residents in skilled nursing homes, intermediate care facilities, or care facilities for persons with physical or mental disabilities. It also requires 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 their training and experience, as well as State license, certification, or registration. All personnel qualifications must be kept current at all times, including annual competency evaluations.

All hospice employees who have direct patient contact or access to patient records must have a criminal background check. Hospice contracts must require 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 and updated in 2017)
- Use other materials developed for bereavement professionals featured in the [NHPCO Marketplace](#)
- Join the [My.NHPCO Bereavement Professionals community](#)
- Join at least one of the My.NHPCO list serves to get more information and stay current

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