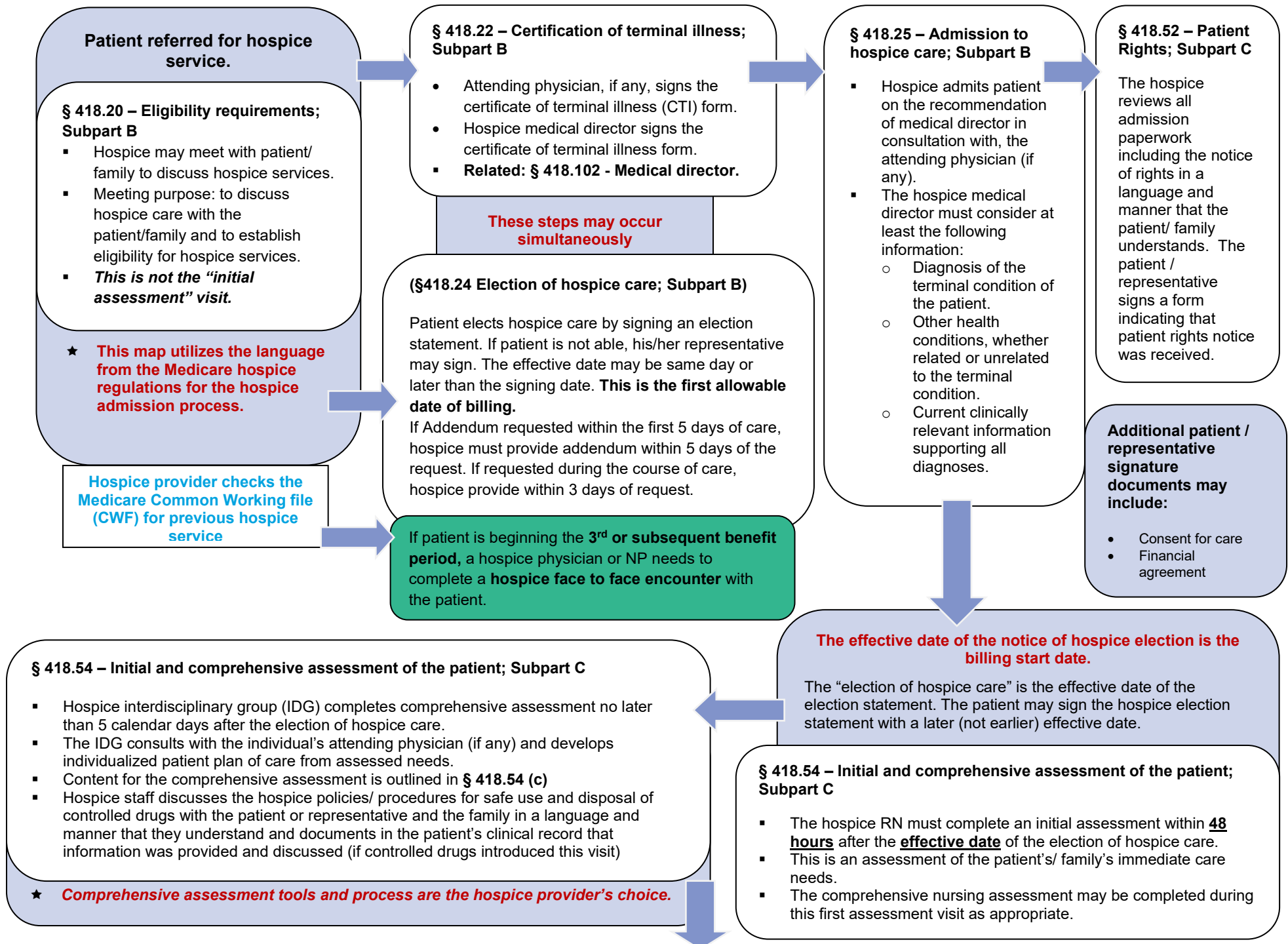


HOSPICE ADMISSION CARE MAP



§ 418.56 – Interdisciplinary group, care planning, and coordination of services; Subpart C

- The interdisciplinary group (IDG) RN coordinates the patient's plan of care.
- The written plan of care (POC) is established by the hospice IDG in collaboration with the attending physician (if any), the patient or representative, and the primary caregiver.
- The hospice must ensure that each patient and the primary care giver(s) receive education and training provided by the hospice as appropriate to their responsibilities for the care and services identified in the POC.
- The POC must include all services necessary for the palliation and management of the terminal illness and related conditions.
- Content for the POC is outlined in **§ 418.56 (c)**
- **§ 418.200 Requirements for coverage.** POC must be established before care is provided.

§ 418.106 – Condition of participation: Drugs and biologicals, medical supplies, and durable medical equipment; Subpart D

- The interdisciplinary group confers with an individual with education and training in drug management as defined in hospice policies and procedures and State law, who is an employee of or under contract with the hospice to ensure that drugs and biologicals meet each patient's needs.
- The interdisciplinary group, as part of the review of the plan of care, must determine the ability of the patient and/or family to safely self-administer drugs and biologicals to the patient in his or her home.

§ 418.54 – Initial and comprehensive assessment of the patient; Subpart C

Update of the comprehensive assessment.

- Accomplished by hospice IDG (in collaboration with the individual's attending physician, (if any)
- Must consider changes that have taken place since the initial assessment.
- Must include information about patient's progress toward desired outcomes, and a re-assessment of the patient's response to care.
- Assessment update must be accomplished **as frequently as the condition of the patient requires, but no less frequently than every 15 days.**

§ 418.56 – Interdisciplinary group, care planning, and coordination of services

Review of the plan of care.

- Hospice IDG (in collaboration with the individual's attending physician, if any) must review, revise and document the individualized plan **as frequently as the patient's condition requires, but no less frequently than every 15 calendar days.**
- Revised plan of care must include information from the patient's updated comprehensive assessment and must note the patient's progress toward outcomes and goals specified in the plan of care.

Resources:

- ✓ [NHPCO Resources on Hospice Election and Admission](#)
 - Election
 - Admission/Initial and Comprehensive Assessment
 - Notice of Election
- ✓ CMS Interpretive Guidelines – [State Operations Manual – Appendix M](#)
- ✓ Other resources at NHPCO's [Regulatory and Compliance Center](#) at
- ✓ Ask NHPCO's Regulatory Assistance a question at regulatory@nhpco.org