

# **IDT Compliance Guide Conditions of Participation**

#### November 2021

The requirement for an interdisciplinary team (IDT) as the model for the delivery of care is unique to hospice. The IDT works with the patient and family to customize a plan of care that meets all of the medical, emotional, psychosocial, and spiritual needs.

The CoPs in Subparts C and D describe the requirements hospice providers must be compliant with related to patient care and the hospice organizational environment to maintain Medicare certification. This means that the IDT must be familiar with these regulations. For the past several years, the Centers for Medicare and Medicaid Services (CMS) has consistently cited multiple standards from § 418.56 Condition of Participation: Interdisciplinary Team, Care Planning, and Coordination of Services in their top 10 survey deficiencies. Understanding all of the requirements in that specific CoP is mandatory for all members of the IDT.

However, not all of the CoPs in Subparts C and D apply to every discipline of the IDT. The following table (next pages) indicate the CoPs that each IDG should be intimately familiar with in order to provide compliant high quality care to the patient and family.

#### Additional NHPCO Resources

- MyNHPCO | NHPCO Professional networking community for members that connects you with colleagues in your discipline as well as others across the country who are working in hospice and palliative care.
- NHPCO Marketplace tools and resources for the IDT
- Medicare Benefit Policy Manual, Chapter 9 Coverage of Hospice Services Under Hospital Insurance
- 42 CFR Part 418 Medicare Hospice Care Regulations Code of Federal Regulations (eCFR).



## SUBPART C--CONDITIONS OF PARTICIPATION: PATIENT CARE

<b>a</b> .	NURSE	PHYSICIAN	AIDE	SOCIAL WORKER	CHAPLAIN	VOLUNTEER COORDINATOR	BEREAVEMENT COORDINATOR
§ 418.52 Condition of participation: Patient's rights.	<b>√</b>	1	✓	<b>√</b>	<b>√</b>	✓	<b>√</b>
§ 418.54 Condition of participation: Comprehensive assessment of the patient.	<b>√</b>	1	1	1	1	<b>√</b>	<b>√</b>
§ 418.56 Condition of participation: Interdisciplinary team care planning and coordination of services.	1	1	1	1	1	<b>√</b>	✓
§ 418.58 Condition of participation: Quality assessment and performance improvement	<b>√</b>	1	✓	1	1	<b>√</b>	✓
§ 418.60 Condition of participation: Infection control.	<b>√</b>	1	✓	/	1	✓	
§ 418.62 Condition of participation: Licensed professional services.	1	/		/			
§ 418.64 Condition of participation: Core services.	<b>√</b>	1		/	1		<b>√</b>
§ 418.66 Condition of participation: Nursing serviceswaiver of requirement that substantially all nursing services be routinely provided directly by a hospice.	1						
§ 418.70 Condition of participation: Furnishing of non- core services.	1		1			/	
§ 418.72 Condition of participation: Physical therapy, occupational therapy, and speech-language pathology.	1	1					
§ 418.74 Waiver of requirement-Physical therapy, occupational therapy, speech-language pathology and dietary counseling.	1	1					
§ 418.76 Condition of participation: Hospice aide and homemaker services. § 418.76 Condition of participation: Hospice aide and homemaker services.	1		1				
§ 418.78 Condition of participation: Volunteers.	1	1	1	1	1	1	<b>√</b>



### SUBPART D--CONDITIONS OF PARTICIPATION: ORGANIZATIONAL ENVIRONMENT

S P	NURSE	PHYSICIAN	AIDE	SOCIAL WORKER	CHAPLAIN	VOLUNTEER COORDINATOR	BEREAVEMENT COORDINATOR
§ 418.100 Condition of participation: Organization and administration of services.	1	<b>√</b>	✓	✓	✓	✓	✓
§ 418.102 Condition of participation: Medical director.	1	1					
§ 418.104 Conditions of participation: Clinical records.	1	1	1	1	1	✓	✓
§ 418.106 Condition of participation: Drugs, controlled drugs and biologicals, medical supplies, and durable medical equipment.	<b>√</b>	1					
§ 418.108 Condition of participation: Short-term inpatient care.	1	1		1			
§ 418.110 Condition of participation: Hospices that provide inpatient care directly.	1	1	1	1	1	✓	✓
§ 418.112 Condition of participation: Hospices that provide hospice care to residents of a SNF/NF, ICF/MR, or other facilities.	1	1	1	1	1	✓	✓
§ 418.114 Condition of participation: Personnel qualifications for licensed professionals.	1	1	1				
§ 418.113 Condition of participation: Emergency Preparedness	<b>✓</b>	1	1	✓	✓	✓	1
§ 418.116 Condition of participation: Compliance with Federal, State, and local laws and regulations related to health and safe- ty of patients.	1	1	1	1	1	✓	1