Medicare Hospice Conditions of Participation
Spiritual Caregiver
Revised May 2022

Summary

Highlights and guidance for implementation

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§ 418.54 Initial and comprehensive assessment of the patient

This Condition of Participation (CoP) requires a spiritual assessment be completed and updated on every patient and family. A comprehensive assessment evaluating the physical, psychosocial, emotional, and spiritual needs related to the terminal illness must be completed within the first 5 days of service and updated regularly as needs change and more information is gathered. Although there is no direct designation as to who should complete the spiritual assessment, a qualified and competent member of the team must do so. The timeframe of 5 calendar days can be a challenge for some programs unless they are staffed adequately with professionals who are qualified and competent to complete and update a spiritual assessment, as well as equipped with a procedure to manage intakes and referrals.

CMS is requiring the comprehensive assessment be a holistic assessment, an assessment that transcends merely physical, medical, and nursing concerns. While the use of a specific assessment tool is not prescribed by CMS, a comprehensive assessment must address "the physical, psychosocial, emotional, and **spiritual** needs related to the terminal illness…in order to promote the hospice patient's well-being, comfort, and dignity throughout the dying process." At the very least, then, the "spiritual care" portion of this assessment should include spiritual strengths, potential complications, and risk factors that affect care planning.

Although there is no direct designation as to who should complete the spiritual assessment, a qualified and competent member of the team must do so. CMS has also not indicated the form the assessment should take, so it will be important to utilize the various models currently in use. See the resources section for suggestions. The timeframe of 5 calendar days may prove to be a challenge for some programs. They will also need to be equipped with a procedure to manage intakes and referrals.

This notion of adequate staffing is important, especially regarding the fact regardless of whether or not a family utilizes spiritual care, the spiritual care provider must be available for the family. In other words, those providers are responsible for the entire census; even if they are not actively seeing everyone in the census

§ 418.56 Interdisciplinary group (IDG), care planning, and coordination of services

A pastoral or other counselor must be a member of the core hospice team. The regulatory language does not specify the qualifications and competencies of this "counselor," other than the professional must be qualified and competent to function in that role. Therefore, it will be important for hospice programs to identify the competencies a spiritual counselor must meet. Developing and updating the individualized plan of care must include the participation of the spiritual counselor. The hospice team must work together to address the needs of the patient/family. This means this professional must possess the skill set in which to work with and develop the plan of care. Communication and coordination among and between team members must include the participation of the spiritual counselor.

In this CoP CMS states "a pastoral or other counselor" must be part of the interdisciplinary team. Originally the language proposed "pastoral, clergy, or other spiritual counselor," but there was feedback that encouraged they change this. In the "Comments and Responses" for the CoP's, CMS stated:

> *"Therefore, we have replaced the proposed ''pastoral, clergy, or other spiritual counselor'' requirement with the statutory requirement of ''pastoral or other counselor.'' This revised requirement gives hospices the flexibility to use the counselor that best meets the patient's needs."*

The CoP also states those professionals who provide this "counseling" must be qualified and competent to do so, within the context of their role. The regulatory language does not specify the qualifications and competencies of this "counselor" as well as does not give suggestions as to the "other" designation.

§ **418.64 Condition of Participation: Core Services**, it does state "spiritual counseling" must be provided. There are a number of associations offering competencies in spiritual care. This includes associations which utilize what are called "Common Competencies." They all have codes of ethics that prohibit proselytizing. The list includes:

- Association of Certified Christian Chaplains (ACCC)
- Association of Professional Chaplains (APC)
- National Association of Catholic Chaplains (NACC)
- National Association of Veterans Affairs Chaplains (NAVAC)
- Neshama Association of Jewish Chaplains (NAJC)
- Spiritual Care Association (SCA)
- Canadian Association of Spiritual Care

These are meant as examples that reflect the level advocated for through the MyNHPCO Spiritual Caregiving Community. Clearly for some programs these qualifications may be difficult to obtain. The point, however, is to always keep these goals in mind and work towards them as best as possible. This is not to say someone without these qualifications is incapable of providing spiritual care. What is being suggested is deeper professional training, regardless of role, will bring a broader spectrum of competency to the role. Given the ever-increasing demand from CMS for the demonstration of regular detailed reporting and quality outcomes, it will be important for programs to maintain capable staff who can manage this level of workload.

Developing and updating the individualized plan of care must include the participation of this "counselor." The hospice team must work together to address the needs of the patient/family, including the spiritual needs. This means this professional must possess the skill set in which to work with and develop the plan of care so the particular spiritual needs can be addressed.

Communication and coordination among and between team members must include the participation of the spiritual counselor. If any aspect of the spiritual assessment is being performed by another discipline, then this communication is essential for best practices to be achieved.

§ 418.60 Infection control

Per this regulation education to patient, family, and other members of the hospice team is one of the three required components of the standard and nurses should be actively involved in any infection control program in the organization. All IDT members should reinforce patient and family education provided by the nurse.

§ 418.64 Core services

Spiritual counseling must be provided by the hospice program as a core service and must include the reasonable availability of "spiritual counseling." It also will be important for the hospice program to have available contacts within the local faith community, or be able to facilitate those contacts, if requested by the patient and/or family. This may increase the attention to and need for spiritual care, including an increase in documentation that will need to be completed. It might also require cultivating an ongoing relationship with local faith communities as well as the need for education and support around end-of-life issues.

It is important to note bereavement counseling is now defined by CMS to include "emotional, psychosocial, and spiritual support." It is likely coordination will be necessary between the spiritual counselor and the bereavement counselor to achieve compliance with bereavement scope of practice.

This CoP, in its designation of the scope of practice required by the core service of the spiritual counselor, is giving at least some guidance regarding the skills needed for this role to be performed. Please refer to the suggestions of this tip sheet, as well as the listed resources, to find the supporting documentation for what the skill set of this core service should reflect. It is interesting to note in the CMS "Comments and Responses" to the new CoP's they state:

> *"Nothing in this requirement prohibits hospices from using certified chaplains as the IDG member to fulfill this role. Indeed, some hospice patients who receive the services of certified chaplains may have better outcomes because certified chaplains are trained to work with individuals from various faiths and backgrounds."*

Although not reflected in the final CoPs, this sentiment does suggest the basic support of the level of training we are suggesting. What this statement is alluding to is there is a skill set connected to working with multiple faith and cultural perspectives. This comes through training and experience and so should be a quality in the professional providing the service.

§ 418.100 Organization and administration of services

As a member of the core team, the "spiritual counselor" must be aware of and comply with this regulation. "Spiritual counselors" must recognize their input into the plan of care and participation in coordination and delivery of the care includes the standards outlined in this regulation.

§ 418.104 Clinical records

The clinical record contains accurate clinical information about the patient's care recorded by hospice staff. All IDT members, including spiritual counselors, need to be aware of the requirements in the regulation.

§ 418.108 Short-term inpatient care

As a member of the core team, the "spiritual counselor" must be aware of and comply with this regulation and recognize their input into the plan of care and participation in coordination and delivery of care includes the standards outlined in this CoP.

§ 418.110 Hospices that provide inpatient care directly

As a member of the core team, the "spiritual counselor" must be aware of and comply with this regulation and recognize their input into the plan of care and participation in coordination and delivery of care includes the standards outlined in this CoP.

§ 418.112 Hospices that provide hospice care to residents of a SNF/NF or ICF/IID

As a member of the core team, the "spiritual counselor" must be aware of and comply with this regulation and recognize their input into the plan of care and participation in coordination and delivery of care includes the standards outlined in this CoP.

§ 418.114 Personnel qualifications

Criminal Background Checks: all hospice employees (both paid and volunteer staff) who have direct patient contact or access to patient records must have a criminal background check. CMS has stated hospices should concentrate their efforts on hospice employees.

What resources will I need to be successful?

- Toolkit of Instruments to Measure End of Life Care (TIME)
- Health Care Chaplaincy Network
- Association of Professional Chaplains Certification Standards
- State and local laws and regulations for additional rules and guidance
- Use other materials developed for spiritual care featured in the NHPCO Marketplace
- Join the My.NHPCO Spiritual Caregiver community
- Join one of the My.NHPCO list servs to get more information and stay current

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