National Hospice and Palliative Care Organization Compliance Tools & Resources



Medicare Hospice Conditions of Participation Volunteers and Volunteer Managers

Revised July 2021

Summary

Highlights of key areas for volunteer manager professionals and guidance for implementation

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Background

The Medicare Conditions of Participation have a Condition of Participation (CoP) specifically for volunteers, in addition to other CoPs that impact volunteer programs. For the purposes of the Conditions of Participation, volunteers are considered employees and the same requirements for orientation, training and criminal background checks apply.

418.52 Patient's rights

From the volunteer perspective, all written and verbal information to patients must include the provision of volunteer services. Agency cooperation is needed so that volunteer services are introduced to the patient so that they can decide whether or not they desire the services.

418.56 Interdisciplinary group, care planning, and coordination of services

There is an increased need to be sure that volunteers are a part of the care planning process. The volunteer role as part of the interdisciplinary group (IDG) is an integral part of this rule. Volunteer coordinators or volunteers must be part of the care planning process, document on the plan of care for all patients receiving volunteer services and review, revise and document the individualized plan as frequently as the patient's condition requires, but no less frequently than every 15 calendar days.

Section 418.56 (c) also requires "a detailed statement of the scope and frequency of services to meet the patient's and family's needs. It is recommended that the frequency of volunteer services be described in the care plan in small increments, such as 1-2 times per week, rather than greater frequencies, like 3-5 times per week. The plan of care must be reviewed as frequently as the patient's condition requires, but no less frequently than every 15 days. This includes updates to volunteer services as well as any other discipline.

418.78 Conditions of participation — Volunteers

The phrase 'day to day', as used, requires hospices to incorporate volunteer services into their daily patient care and operations routine in order to retain the volunteer component of hospice from its origins in the United States. This language is used to ensure that hospice programs fully integrate volunteers into the work of the organization. In order to meet the 5 percent requirement, volunteers must be providing services related to patient care or administrative support.

The following is a response from CMS to the question of counting travel time for volunteers: "We understand that traveling, providing care or services, documenting information, and calling patients all consumes volunteer time, and we agree that travel time may be used in calculating the level of volunteer activity in a hospice.

If a hospice chooses to include any of these areas that are directly related to providing direct patient care or administrative services in its percentage of calculation of volunteer hours, it must ensure that the time spent by its paid employees and contractors for the same activity is also included in the calculation. What that means is that if staff is paid for the time it takes them to drive to a patient's home, then the time it takes for a volunteer to drive to a patient's home may be counted. However, if you do not pay an administrative staff for the time it takes to drive to the office, then you cannot count the travel time of the volunteer who drives to an office location to volunteer."

A hospice may have a volunteer provide assistance in the hospice's ancillary and office activities as well as in direct and/or help patients and families with household chores, shopping, transportation, and companionship. Hospices are also permitted to engage volunteers in non-administrative and non-direct patient care activities, although these services are not considered when calculating the level of activity. An example of a non- administrative and non-direct patient care activity may be sewing or quilting.

See the *NHPCO Volunteer 5% Cost Savings Match Information Sheet for* more information on the 5% requirement.

418.100 Organization and administration of services

Volunteers are considered employees and therefore volunteer training and orientation should be closely aligned with that of staff. It is up to hospice programs to define the criteria for becoming a volunteer. The CoPs do define however that employees (volunteers) and contracted staff furnishing patient care should be oriented in hospice philosophy, and this requirement has been added to 418.100 (g) (1) that defines training.

A hospice must provide orientation about hospice philosophy to all employees (volunteers) and contracted staff that have patient and family contact. A hospice must provide an initial orientation for each employee (volunteer) that addresses the employee's (volunteer's) specific job duties. A hospice must assess the skills and competence of all individuals furnishing care, including volunteers furnishing services, and, as necessary, provide in-service training and education programs where required. The hospice must have written policies and procedures describing its method(s) of assessment of competency and maintain a written description of the in-service training provided during the previous 12 months.

418.114 Personnel qualifications for licensed professionals – Criminal Background Checks

Hospices must background screen their volunteers. Criminal background checks must be obtained in accordance with State requirements. In the absence of State requirements, criminal background checks must be obtained within 3 months of the date of employment for all states that the individual has lived or worked in the past three years. Although the scope of the background checks is not defined, volunteer services programs should follow the same guidelines as is used by the human resources department.

Resources I will need to be successful?

Ensure that volunteers are an integral part of the services provided by the hospice and include them in careplanning and interdisciplinary group meetings.

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