Medicare Hospice Conditions of Participation
Spiritual Caregiver

Summary

Highlights of key changes for spiritual caregiver professionals and guidance for implementation

1) 418.54 Initial and comprehensive assessment of the patient
2) 418.56 Interdisciplinary group, care planning, and coordination of services
3) 418.60 Infection control
4) 418.64 Core services
5) 418.100 Organization and administration of services
6) 418.104 Clinical records
7) 418.110 Hospices that provide inpatient care directly
8) 418.112 Hospices that provide hospice care to residents of a SNF/NF or ICF/MR
9) 418.114 Personnel qualifications

418.54 Initial and comprehensive assessment of the patient

This CoP requires that a spiritual assessment be completed and updated on every patient and family. A comprehensive assessment that assesses 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 time frame of 5 calendar days may prove to be a challenge for some programs unless they are adequately staffed 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 that the "comprehensive assessment" be a holistic assessment, an assessment that transcends merely physical/medical/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, it would seem that 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. (Please see the resources section for suggestions) The time frame of 5 calendar days may prove to be a challenge for some programs unless they are adequately staffed with professionals who meet the "qualified and competent" requirement who can complete and update a spiritual assessment. They will also need to be equipped with a procedure to manage intakes and referrals.

This notion of adequate staffing is important, especially in regards to the fact that regardless of whether or not a family utilizes spiritual care, that spiritual care provider must be available for that family. In other words, those providers are responsible for the entire census; even of they are not actively seeing everyone in that 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 that 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 that 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 condition CMS states that "**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 that 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 that 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. This seems to suggest that the "counselor" does not have to be a "pastoral counselor". We see this as a potential problem.

However, in **418.64 Condition of Participation: Core Services**, it does state that "spiritual counseling" must be provided. While not required in the Medicare Hospice Conditions of Participation, it is important to state generally what designates a qualified and competent spiritual care provider. It would include, but is not limited to:

- Certification in the 6 cognate groups (APC, AAPC, ACPE, CAPPE, NACC, NAJC)
- Practice as designated in the Guidelines for Spiritual Care in Hospice
- Description of Spiritual Care as designated by the Joint Commission

These are meant as examples that reflect the level we advocate through the Spiritual Caregiving Section. 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 that someone without these qualifications is incapable of providing spiritual care. What is being suggested is that deeper professional training, regardless of role, will bring a broader spectrum of competency to that 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 that can manage this level of workload.

In regards to the other two elements of this CoP, we would say that 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 that this professional must possess the skill set in which to work with and develop the plan of care as connected to that particular need that is being followed.

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, which is now its own CoP, 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 IDG 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 that the hospice program have available contacts within the local faith community, or be able to facilitate those contacts, if so 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.

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 that the hospice program have available contacts within the local faith community, or be able to facilitate those contacts, if so 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. Finally, it is important to note that bereavement counseling is now defined by CMS to include "emotional, psychosocial, and spiritual support". It is likely that coordination with the spiritual counselor will be necessary 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 that 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 CoP's, this sentiment does suggest the basic support of the level of training we are suggesting. What this statement is alluding to is that 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 that 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 the regulation. "Spiritual counselors" must recognize that their input into the plan of care and participation in coordination and delivery of that care includes the Standards outlined in this regulation.

418.104 Clinical records

The clinical record contains accurate clinical information about the patient's care that is recorded by hospice staff. All IDG staff needs 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 that their input into the plan of care and participation in coordination and delivery of that 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 that their input into the plan of care and participation in coordination and delivery of that care includes the Standards outlined in this CoP.

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

As a member of the core team, the "spiritual counselor" must be aware of and comply with this regulation and recognize that their input into the plan of care and participation in coordination and delivery of that 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 that hospices should concentrate their efforts on hospice employees. The requirement for criminal background checks for contracted entities is being re-evaluated and new guidance for that requirement will likely be issued in 2009.

What resources do I need to be successful?

- NHPCO's ***Guidelines for Spiritual Care in Hospice***. In addition you can refer to the Info Center for suggestions on types and styles of assessment forms for spiritual care, as well as resources through the NCHPP's Spiritual Care Section.
- Center to Improve Care of the Dying's ***Toolkit of Instruments to Measure End of Life***: www.gwu.edu/~cicd/toolkit/toolkit.htm or **TIME**: www.chcr.brown.edu/pcoc/Spirit.htm
- **The Health Care Chaplaincy:** www.healthcarechaplaincy.org/research_04.html
- APC's Certification Standards: www.professionalchaplains.org

Prepared by:
NCHPP Spiritual Caregiver Steering Committee Members