

Prepublication Requirements

• Issued February 19, 2021 •



Revisions Related to CMS Requirements for Hospices

The Joint Commission has approved the following revisions for prepublication. While revised requirements are published in the semiannual updates to the print manuals (as well as in the online E-dition®), accredited organizations and paid subscribers can also view them in the monthly periodical The Joint Commission Perspectives®. To begin your subscription, call 800-746-6578 or visit <http://www.jcrinc.com>.

Please note: Where applicable, this report shows current standards and EPs first, with deleted language struck-through. Then, the revised requirement follows in bold text, with new language underlined.

APPLICABLE TO THE HOME CARE ACCREDITATION PROGRAM

Effective March 14, 2021

Environment of Care (EC) Chapter

EC.02.06.01

The organization establishes and maintains a safe, functional environment.

Element(s) of Performance for EC.02.06.01

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| <p>2. For hospices providing inpatient care in their own facilities that elect to use The Joint Commission deemed status option: The hospice designs and equips patient rooms for nursing care and for the comfort and privacy of patients.</p> | <input type="checkbox"/> <input type="checkbox"/> |
| <p>2. For hospices providing inpatient care in their own facilities that elect to use The Joint Commission deemed status option: The hospice designs and equips patient rooms for nursing care and for the comfort, <u>dignity</u>, and privacy of patients.</p> | <input type="checkbox"/> <input type="checkbox"/> |

Key: **D** indicates that documentation is required;

R indicates an identified risk area;

15. For hospices providing inpatient care in their own facilities that elect to use The Joint Commission deemed status option: Each patient’s room has the following characteristics:
- Is at or above grade level
 - Has a suitable bed and other furniture for each patient
 - Has closet space that provides security and privacy for clothing and personal belongings
 - Accommodates no more than two patients and their family members
 - Measures at least 100 square feet for a single-patient room, or 80 square feet for each patient in a double room
 - Is equipped with an easily activated, functioning, accessible device for calling the staff member on duty

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Note: The Centers for Medicare & Medicaid Services (CMS) may waive the space and occupancy requirements if they would cause unreasonable hardship on the hospice if strictly enforced or jeopardize the hospice’s ability to continue to participate in the Medicare program, and if CMS determines that waiving the requirements meets patients’ needs and does not adversely affect their health and safety.

15. For hospices providing inpatient care in their own facilities that elect to use The Joint Commission deemed status option: Each patient’s room has the following characteristics:
- Is at or above grade level
 - Has a suitable bed and other furniture for each patient
 - Has closet space that provides security and privacy for clothing and personal belongings
 - Accommodates no more than two patients and their family members
 - Measures at least 100 square feet for a single-patient room, or 80 square feet for each patient in a double room
 - Is equipped with an easily activated, functioning, accessible device for calling the staff member on duty

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Note: The Centers for Medicare & Medicaid Services (CMS) may waive the space and occupancy requirements found at 42 CFR 418.110(g)(2)(iv) and 418.110(g)(2)(v) if they would cause unreasonable hardship on the hospice if strictly enforced or jeopardize the hospice’s ability to continue to participate in the Medicare program, and if CMS determines that waiving the requirements meets patients’ needs and does not adversely affect their health and safety.

Human Resources (HR) Chapter

HR.01.01.01

The organization defines and verifies staff qualifications.

Element(s) of Performance for HR.01.01.01

Key: **D** indicates that documentation is required;

R indicates an identified risk area;

11. For home health agencies and hospices that elect to use The Joint Commission deemed status option: The organization defines personnel qualifications as required by Centers for Medicare & Medicaid Services' regulations (at 42 CFR 484.115 for home health agencies and at 42 CFR 418.114 and 42 CFR 418.76(a) for hospices).
- Note: The following terms are defined in the Glossary: administrator, audiologist, clinical manager, qualified home health aide, qualified hospice aide, occupational therapist, occupational therapy assistant, physical therapist, physical therapist assistant, physician, practical (~~vocational~~) nurse, public health nurse, registered nurse, skilled professional services, social worker, social work assistant, speech-language pathologist.
11. For home health agencies and hospices that elect to use The Joint Commission deemed status option: The organization defines personnel qualifications as required by Centers for Medicare & Medicaid Services' regulations (at 42 CFR 484.115 for home health agencies and at 42 CFR 418.114 and 42 CFR 418.76(a) for hospices).
- Note: The following terms are defined in the Glossary: administrator, audiologist, clinical manager, clinical nurse specialist, nurse practitioner, qualified home health aide, qualified hospice aide, occupational therapist, occupational therapy assistant, physical therapist, physical therapist assistant, physician, physician assistant, licensed practical nurse, public health nurse, registered nurse, skilled professional services, social worker, social work assistant, speech-language pathologist.
12. For hospices that elect to use The Joint Commission deemed status option: The organization uses qualified hospice aides who have ~~been trained~~ and ~~who~~ have passed a competency evaluation.
- Note: If a hospice aide has not provided services for compensation for a consecutive 24-month period, the individual is considered to not have completed a training or competence program and must complete a program before providing services.
12. For hospices that elect to use The Joint Commission deemed status option: The organization uses qualified hospice aides who have completed an approved state licensure program for training and have passed a competency evaluation.
- Note: If a hospice aide has not provided services for compensation for a consecutive 24-month period, the individual is considered to not have completed a training or competence program and must complete a program before providing services.
16. For hospices that elect to use The Joint Commission deemed status option: Hospice volunteers have defined ~~administrative or direct patient care~~ roles.
16. For hospices that elect to use The Joint Commission deemed status option: Hospice volunteers have defined roles and are used in day-to-day administrative and/or direct patient care tasks.

HR.01.03.01

Staff are supervised effectively.

Element(s) of Performance for HR.01.03.01

Key: **D** indicates that documentation is required;

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14. For hospices that elect to use The Joint Commission deemed status option: In order to assess the quality of care and services provided by the hospice aide and to ensure that services ordered meet the patient's needs, the registered nurse supervises the hospice aide during an on-site visit to the patient's home no less frequently than every 14 days. ~~If nursing services are not provided, a physical or occupational therapist or speech language pathologist can supervise the hospice aide.~~
 Note: The aide does not need to be present during the supervisor's visit.
14. **For hospices that elect to use The Joint Commission deemed status option: In order to assess the quality of care and services provided by the hospice aide and to ensure that services ordered meet the patient's needs, the registered nurse supervises the hospice aide during an on-site visit to the patient's home no less frequently than every 14 days.**
Note: The aide does not need to be present during the supervisor's visit.
23. For home health agencies and hospices that elect to use The Joint Commission deemed status option: If an area of concern in aide services is noted by the supervising registered nurse, then the supervising ~~individual~~ must make an on-site visit to the location where the patient is receiving care in order to observe and assess the aide while he or she is providing care.
~~For home health agencies that elect to use The Joint Commission deemed status option: An area of concern may be identified and the visit to the patient to observe and assess the aide may be made by a registered nurse, physical therapist, speech-language pathologist, or occupational therapist.~~
23. **For home health agencies and hospices that elect to use The Joint Commission deemed status option: If an area of concern in aide services is noted by the supervising registered nurse, then the supervising nurse must make an on-site visit to the location where the patient is receiving care in order to observe and assess the aide while he or she is providing care. An area of concern may be identified and the visit to the patient to observe and assess the aide may be made by a registered nurse, physical therapist, speech-language pathologist, or occupational therapist.**

HR.01.05.03

Staff participate in ongoing education and training.

Element(s) of Performance for HR.01.05.03

1. Staff participate in ongoing education and training to maintain or increase their competency and, as needed, when staff responsibilities change. Staff participation is documented. (See also MC.04.02.03, EP 1) (D)
1. **Staff participate in ongoing education and training to maintain or increase their competency and, as needed, when staff responsibilities change. Staff participation is documented. (See also MC.04.02.03, EP 1)**
Note: For hospices that elect to use The Joint Commission deemed status option: Staff participate in hospice sponsored in-service training. (D)

HR.01.06.01

Staff are competent to perform their responsibilities.

Element(s) of Performance for HR.01.06.01

Key: (D) indicates that documentation is required; (R) indicates an identified risk area;

17. For hospices that elect to use The Joint Commission deemed status option: The hospice has written policies and procedures that describe its method of ~~assessment of competence~~.
17. **For hospices that elect to use The Joint Commission deemed status option: The hospice has written policies and procedures that describe its method of assessing skills and competence for all individuals furnishing care and services, including volunteers.**

Infection Prevention and Control (IC) Chapter

IC.01.05.01

The organization plans for preventing and controlling infections.

Element(s) of Performance for IC.01.05.01

9. For home health agencies and hospices that elect to use The Joint Commission deemed status option: The organization maintains an infection control program for the surveillance, identification, prevention, control, and investigation of infectious and communicable diseases. The infectious and communicable disease program is described in writing. (See also LD.03.07.01, EP 5)
~~For home health agencies that elect to use The Joint Commission deemed status option: The organization's coordinated, agency-wide infectious and communicable disease program is an integral part of its quality assessment and performance improvement (QAPI) program.~~
9. **For home health agencies and hospices that elect to use The Joint Commission deemed status option: The organization maintains an infection control program for the protection of patients, families, visitors, and staff, and includes surveillance, identification, prevention, control, and investigation of infectious and communicable diseases. The infectious and communicable disease program is described in writing and is an integral part of its quality assessment and performance improvement (QAPI) program. (See also LD.03.07.01, EP 5)**

IC.02.02.01

The organization reduces the risk of infections associated with medical equipment, devices, and supplies.

Element(s) of Performance for IC.02.02.01

7. For hospices providing inpatient care in their own facilities that elect to use The Joint Commission deemed status option: Linens are handled, stored, processed, and transported in a manner that prevents the spread of infection.
7. **For hospices providing inpatient care in their own facilities that elect to use The Joint Commission deemed status option: Linens are handled, stored, processed, and transported in a manner that prevents the spread of infection and contaminants.**

Leadership (LD) Chapter

LD.01.03.01

Governance is ultimately accountable for the safety and quality of care, treatment, or services.

Element(s) of Performance for LD.01.03.01

Key: indicates that documentation is required; indicates an identified risk area;

12. For home health agencies and hospices that elect to use The Joint Commission deemed status option:
 The organization has a governing body that assumes full legal authority and responsibility for the overall operation of the organization.
 For home health agencies that elect to use The Joint Commission deemed status option: Overall operation of the organization includes provision of services, fiscal operations, review of the agency's budget and operational plans, and its quality assessment and performance improvement (QAPI) program.

12. **For home health agencies and hospices that elect to use The Joint Commission deemed status option: The organization has a governing body that assumes full legal authority and responsibility for the overall operation of the organization.**
For home health agencies that elect to use The Joint Commission deemed status option: Overall operation of the organization includes provision of services, fiscal operations, review of the agency's budget and operational plans, and its quality assessment and performance improvement (QAPI) program.
For hospices that elect to use The Joint Commission deemed status option: A qualified administrator appointed by and reporting to the governing body is responsible for the day-to-day operations of the hospice.

LD.04.02.05

When internal or external review results in the denial of care, treatment, or services, or payment, the organization makes decisions regarding the ongoing provision of care, treatment, or services, and discharge or transfer, based on the assessed needs of the patient.

Element(s) of Performance for LD.04.02.05

2. The safety and quality of care, treatment, or services do not depend on the patient's ability to pay.
 2. **The safety and quality of care, treatment, or services do not depend on the patient's ability to pay, which includes not discontinuing or reducing care.**

LD.04.03.01

The organization provides services that meet patient needs.

Element(s) of Performance for LD.04.03.01

18. For hospices that elect to use The Joint Commission deemed status option: Volunteer staff provide administrative or direct patient care in an amount that equals 5% of the total patient care hours of all paid hospice employees and contract staff. The hospice documents the level of volunteer activity and also records any increased care and services achieved through the use of volunteers. Documentation includes the type of volunteer services and time worked. (D)
 18. **For hospices that elect to use The Joint Commission deemed status option: Volunteer staff provide day-to-day administrative or direct patient care in an amount that equals 5% of the total patient care hours of all paid hospice employees and contract staff. The hospice documents the level of volunteer activity and also records any increased care and services achieved through the use of volunteers. Documentation includes the type of volunteer services and time worked.** (D)

Key: (D) indicates that documentation is required; (R) indicates an identified risk area;

LD.04.03.03

The organization provides for its planned scope and level of care, treatment, or services.

Element(s) of Performance for LD.04.03.03

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| <p>21. For hospices that elect to use The Joint Commission deemed status option: When the hospice contracts for nursing staff, it obtains from the Centers for Medicare & Medicaid Services (CMS) a waiver of the requirement stating that a substantial portion of all nursing services are routinely provided directly by the hospice.</p> <p>Note: Hospices that wish to request a waiver should contact the CMS Regional Office. Further information about the process of requesting a waiver and the criteria that CMS uses to grant a waiver can be found at 42 CFR 418.66(a) through (d).</p> | <table border="1" style="border-collapse: collapse; width: 40px; height: 20px;"> <tr> <td style="width: 15px;"></td> <td style="text-align: center;">D</td> </tr> </table> | | D |
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| <p>21. For hospices that elect to use The Joint Commission deemed status option: When the hospice contracts for nursing staff, <u>because its central office is located in a nonurbanized area (as determined by the Bureau of the Census), the hospice obtains the required Centers for Medicare & Medicaid Services (CMS) waiver.</u></p> <p>Note: See Appendix A: Medicare Requirements for Hospice, Section 418.66. Hospices that wish to request a waiver should contact the <u>appropriate CMS location.</u></p> | <table border="1" style="border-collapse: collapse; width: 40px; height: 20px;"> <tr> <td style="width: 15px;"></td> <td style="text-align: center;">D</td> </tr> </table> | | D |
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| <p>27. For hospices that elect to use The Joint Commission deemed status option: When the hospice is located in a nonurban area and does not make physical therapy, occupational therapy, speech-language pathology, or dietary counseling services available on a 24-hour basis, the hospice obtains a written waiver from the Centers for Medicare & Medicaid Services (CMS) of the requirement to provide these services on a 24-hour basis.</p> <p>Note: Hospices that wish to request a waiver should contact the CMS Regional Office. Further information about the process of requesting a waiver and the criteria that CMS uses to grant a waiver can be found at 42 CFR 418.74(a) through (d).</p> | <table border="1" style="border-collapse: collapse; width: 40px; height: 20px;"> <tr> <td style="width: 15px;"></td> <td style="text-align: center;">D</td> </tr> </table> | | D |
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| <p>27. For hospices that elect to use The Joint Commission deemed status option: When the hospice is located in a nonurbanized area (as determined by the Bureau of the Census) and does not <u>provide</u> physical therapy, occupational therapy, speech-language pathology, or dietary counseling services on a 24-hour basis, the hospice obtains <u>the required</u> Centers for Medicare & Medicaid Services (CMS) <u>waiver.</u></p> <p>Note: See Appendix A: Medicare Requirements for Hospice, Section 418.74. Hospices that wish to request a waiver should contact the <u>appropriate CMS location.</u></p> | <table border="1" style="border-collapse: collapse; width: 40px; height: 20px;"> <tr> <td style="width: 15px;"></td> <td style="text-align: center;">D</td> </tr> </table> | | D |
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| <p>32. For hospices that elect to use The Joint Commission deemed status option: The hospice provides personal care services under the Medicaid personal care benefit only to the extent that the hospice would routinely use the services of a hospice patient's family in implementing the plan of care.</p> | <table border="1" style="border-collapse: collapse; width: 40px; height: 20px;"> <tr> <td style="width: 15px;"></td> <td style="width: 15px;"></td> </tr> </table> | | |
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| <p>32. For hospices that elect to use The Joint Commission deemed status option: The hospice provides personal care services under the Medicaid personal care benefit only to the extent that the hospice would routinely use the services of a hospice patient's family in implementing the plan of care.</p> <p><u>Note: An individual furnishing Medicaid personal care aide-only services under a Medicaid personal care benefit (42 CFR 440.167) may provide personal care services on behalf of the hospice agency.</u></p> | <table border="1" style="border-collapse: collapse; width: 40px; height: 20px;"> <tr> <td style="width: 15px;"></td> <td style="width: 15px;"></td> </tr> </table> | | |
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LD.04.03.09

Care, treatment, or services provided through contractual agreement are provided safely and effectively.

Element(s) of Performance for LD.04.03.09

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| <p>16. For hospices that elect to use The Joint Commission deemed status option: The hospice retains management responsibility for the contracted services and verifies that they are furnished in a safe and effective manner.</p> | <table border="1" style="border-collapse: collapse; width: 60px; height: 20px;"> <tr> <td style="width: 30px;"></td> <td style="width: 30px;"></td> </tr> </table> | | |
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| <p>16. For hospices that elect to use The Joint Commission deemed status option: The hospice retains <u>administrative and financial</u> management responsibility for the contracted services and verifies <u>care is</u> furnished in a safe and effective manner <u>by qualified staff</u>.</p> | <table border="1" style="border-collapse: collapse; width: 60px; height: 20px;"> <tr> <td style="width: 30px;"></td> <td style="width: 30px;"></td> </tr> </table> | | |
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| <p>21. For hospices that elect to use The Joint Commission deemed status option: For hospice care provided to residents of a Skilled Nursing Facility (SNF), Nursing Facility (NF), or Intermediate Care Facility for the Mentally Retarded (ICF/MR), the written agreement includes the following:</p> <ul style="list-style-type: none"> - The manner in which the SNF, NF, or ICF/MR and the hospice will communicate with each other and will document the communications to make sure the needs of the patients are met 24 hours a day - A provision that the SNF, NF, or ICF/MR notifies the hospice immediately when there is a significant change in the patient’s physical, mental, social, or emotional status; when clinical complications appear that suggest a need to alter the plan of care; when there is a need to transfer the patient (in this case the hospice makes arrangements for and remains responsible for any necessary care); or when the patient dies - A provision stating the hospice assumes responsibility for determining the appropriate course of hospice care, including the decision to change the level of services provided - An agreement that it is the responsibility of the SNF, NF, or ICF/MR to furnish 24-hour room and board and meet the personal care and nursing needs that would have been provided by the primary caregiver at home. The level of care is the same as that provided before the patient elected hospice care. - An agreement that it is the hospice’s responsibility to provide services at the same level as those services that would be provided if the SNF, NF, or ICF/MR resident were in his or her own home - A delineation of the hospice’s responsibilities, which include, but are not limited to, providing medical direction and management of the patient; nursing; counseling; social work; medical supplies; durable medical equipment; medications necessary for the palliation of pain and symptoms associated with the terminal illness and related conditions; and all other hospice services that are necessary for the care of the resident’s terminal illness and related conditions - A provision that the hospice may use the SNF, NF, or ICF/MR nursing staff when permitted by state law and only to the extent that the hospice would routinely use the services of a hospice patient’s family in implementing the plan of care - A provision stating that the hospice will report all mistreatment, neglect, or verbal, mental, sexual, and physical abuse to the SNF, NF, or ICF/MR administrator within 24 hours of the hospice becoming aware of the alleged violation, including injuries of unknown source, and misappropriation of patient property by anyone unrelated to the hospice - A delineation of the responsibilities of the hospice and the SNF, NF, or ICF/MR to provide bereavement services to SNF, NF, or ICF/MR staff | <table border="1" style="border-collapse: collapse; width: 60px; height: 20px;"> <tr> <td style="width: 30px;"></td> <td style="width: 30px;"></td> </tr> </table> | | |
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Key: **D** indicates that documentation is required; **R** indicates an identified risk area;

21. For hospices that elect to use The Joint Commission deemed status option: For hospice care provided to residents of a Skilled Nursing Facility (SNF), Nursing Facility (NF), or Intermediate Care Facility for Individuals with Intellectual Disability (ICF/IID), the written agreement includes the following:
- The manner in which the SNF, NF, or ICF/IID and the hospice will communicate with each other and will document the communications to make sure the needs of the patients are met 24 hours a day
 - A provision that the SNF, NF, or ICF/IID notifies the hospice immediately when there is a significant change in the patient’s physical, mental, social, or emotional status; when clinical complications appear that suggest a need to alter the plan of care; when there is a need to transfer the patient (in this case the hospice makes arrangements for and remains responsible for any necessary care); or when the patient dies
 - A provision stating the hospice assumes responsibility for determining the appropriate course of hospice care, including the decision to change the level of services provided
 - An agreement that it is the responsibility of the SNF, NF, or ICF/IID to furnish 24-hour room and board and meet the personal care and nursing needs that would have been provided by the primary caregiver at home. The level of care is the same as that provided before the patient elected hospice care.
 - An agreement that it is the hospice’s responsibility to provide services at the same level as those services that would be provided if the SNF, NF, or ICF/IID resident were in his or her own home
 - A delineation of the hospice’s responsibilities, which include, but are not limited to, providing medical direction and management of the patient; nursing; counseling; social work; medical supplies; durable medical equipment; medications necessary for the palliation of pain and symptoms associated with the terminal illness and related conditions; and all other hospice services that are necessary for the care of the resident’s terminal illness and related conditions
 - A provision that the hospice may use the SNF, NF, or ICF/IID nursing staff when permitted by state law and only to the extent that the hospice would routinely use the services of a hospice patient’s family in implementing the plan of care
 - A provision stating that the hospice will report all mistreatment, neglect, or verbal, mental, sexual, and physical abuse to the SNF, NF, or ICF/IID administrator within 24 hours of the hospice becoming aware of the alleged violation, including injuries of unknown source, and misappropriation of patient property by anyone unrelated to the hospice
 - A delineation of the responsibilities of the hospice and the SNF, NF, or ICF/IID to provide bereavement services to SNF, NF, or ICF/IID staff

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22. For hospices that elect to use The Joint Commission deemed status option: The hospice contracts for durable medical equipment services only with suppliers that meet Medicare’s Quality Standards for Durable Medical Equipment, Prosthetics, Orthotics, and Supplies.

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22. For hospices that elect to use The Joint Commission deemed status option: The hospice contracts for durable medical equipment services only with suppliers that meet Medicare’s Quality Standards for Durable Medical Equipment, Prosthetics, Orthotics, and Supplies at 42 CFR 424.57.

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Medication Management (MM) Chapter

MM.06.01.03

Key: **D** indicates that documentation is required; **R** indicates an identified risk area;

Medications are safely and accurately administered by patients and families.

Note: The term "self-administered medication(s)" may refer to medications administered by a family member.

Element(s) of Performance for MM.06.01.03

7. The organization supervises patients and families until they determine the patient and family can safely and competently administer medications.

7. **The organization supervises patients and families until they determine the patient and family can safely and competently administer medications.**
For hospices that elect to use The Joint Commission deemed status option: The interdisciplinary team determines the patient's and family's ability to safely and competently administer medications.

Provision of Care, Treatment, and Services (PC) Chapter

PC.01.01.01

The organization accepts the patient for care, treatment, or services based on its ability to meet the patient's needs.

Element(s) of Performance for PC.01.01.01

48. For hospices that elect to use The Joint Commission deemed status option: The medical director or physician designee reviews the clinical information for each hospice patient and provides written certification that the patient's life expectancy is six months or less if the illness runs its normal course.
 Note: The determination of the patient's life expectancy considers the following factors:
 - The primary terminal condition
 - Related diagnoses, if any
 - Current subjective and objective medical findings
 - Current medication and treatment orders
 - Information about the medical management of the patient's conditions unrelated to the terminal condition

48. **For hospices that elect to use The Joint Commission deemed status option: The medical director, physician member of the interdisciplinary team, or physician designee reviews the clinical information for each hospice patient and provides written certification that the patient's life expectancy is six months or less if the illness runs its normal course.**
Note: The determination of the patient's life expectancy considers the following factors:
 - The primary terminal condition
 - Related diagnoses, if any
 - Current subjective and objective medical findings
 - Current medication and treatment orders
 - Information about the medical management of the patient's conditions unrelated to the terminal condition

PC.01.02.01

The organization assesses and reassesses its patients.

Element(s) of Performance for PC.01.02.01

7. ~~The hospice's written definition of information the organization collects during assessment and~~

Key: **D** indicates that documentation is required; **R** indicates an identified risk area;

reassessment includes the following:

- The severity of symptoms
- Factors that alleviate or exacerbate physical symptoms
- The comfort level of a patient who chooses not to take nutrition therapy
- Patient and family spiritual orientation, including their desire for the involvement of a religious group
- Spiritual concerns or needs identified by the patient or family, such as despair, suffering, guilt, and forgiveness
- Patient and family involvement in a support group, if any
- Additional information about the patient's psychosocial status, such as family relationships, social history, the source and adequacy of environmental and other resources, coping mechanisms, and the patient's and family's reactions to illness
- The need for volunteer services to offer support or respite to the patient, family, or other caregivers
- The need for an alternative setting or level of care
- Anticipated discharge needs, including bereavement and funeral needs
- Survivor risk factors, such as the nature of the relationship with the patient, circumstances surrounding the death, behaviors before and after the death, availability of coping mechanisms, and potential for pathological grief reactions
- For hospices that elect to use The Joint Commission deemed status option: Cultural factors that may impact the patient's and family's ability to cope with the patient's death
- For hospices that elect to use The Joint Commission deemed status option: The need for referral to and evaluation by other health professionals

7. The hospice conducts and documents a patient-specific comprehensive assessment and reassessment that identifies the patient's need for hospice care and services. The assessment includes the patient's need for physical, psychosocial, emotional, and spiritual care, including the following:
- Support with activities of daily living
 - All areas of hospice care related to the palliation and management of the terminal illness and related conditions
 - The severity of symptoms
 - Factors that alleviate or exacerbate physical symptoms
 - The comfort level of a patient who chooses not to take nutrition therapy
 - Patient and family spiritual orientation, including their desire for the involvement of a religious group
 - Spiritual concerns or needs identified by the patient or family, such as despair, suffering, guilt, and forgiveness
 - Patient and family involvement in a support group, if any
 - Additional information about the patient's psychosocial status, such as family relationships, social history, the source and adequacy of environmental and other resources, coping mechanisms, and the patient's and family's reactions to illness
 - The need for volunteer services to offer support or respite to the patient, family, or other caregivers
 - The need for an alternative setting or level of care
 - Anticipated discharge needs, including bereavement and funeral needs
 - Survivor risk factors, such as the nature of the relationship with the patient, circumstances surrounding the death, behaviors before and after the death, availability of coping mechanisms, and potential for pathological grief reactions
 - For hospices that elect to use The Joint Commission deemed status option: Cultural factors that may impact the patient's and family's ability to cope with the patient's death
 - For hospices that elect to use The Joint Commission deemed status option: The need for referral to and evaluation by other health professionals

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~~33. For hospices that elect to use The Joint Commission deemed status option: The hospice's written definition of data and information to be collected during the initial assessment includes the patient's need for hospice care and services. This assessment includes all areas of hospice care related to the palliation and management of terminal illness and related conditions.~~

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38. For hospices that elect to use The Joint Commission deemed status option: Before the recertification period for each patient, the medical director or physician designee reviews the patient's clinical information.

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38. For hospices that elect to use The Joint Commission deemed status option: Before the recertification period for each patient, the medical director, physician member of the interdisciplinary team, or physician designee reviews the patient's clinical information.

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PC.01.02.09

The organization assesses the patient who may be a victim of possible abuse and neglect or exploitation.

Element(s) of Performance for PC.01.02.09

Key: **D** indicates that documentation is required;

R indicates an identified risk area;

6. The organization internally reports cases of possible abuse, neglect, and exploitation. (See also RI.01.06.03, EP 3) □ □
 For hospice agencies that elect to use The Joint Commission deemed status option: These cases are reported immediately to the hospice administrator.
 For home health agencies that elect to use The Joint Commission deemed status option: All home health staff must report findings of abuse (including injuries of unknown source), neglect, and exploitation to the organization.
6. **The organization internally reports cases of possible abuse, neglect, and exploitation. (See also RI.01.06.03, EP 3)** □ □
For hospice agencies that elect to use The Joint Commission deemed status option: These cases are reported immediately to the hospice administrator and include, but are not limited to, mistreatment, verbal and mental abuse, and misappropriation of patient property by anyone providing services on behalf of the hospice.
For home health agencies that elect to use The Joint Commission deemed status option: All home health staff must report findings of abuse (including injuries of unknown source), neglect, and exploitation to the organization.

PC.01.03.01

The organization plans the patient's care.

Element(s) of Performance for PC.01.03.01

13. For hospices that elect to use The Joint Commission deemed status option: The interdisciplinary group, in consultation with the patient's attending physician, if any, prepares a written plan of care. If the patient resides in a Skilled Nursing Facility (SNF), Nursing Facility (NF), or Intermediate Care Facility for ~~the Mentally Retarded~~ (ICF/MR), the interdisciplinary group consults with representatives of the SNF, NF, or ICF/MR when establishing the plan of care. (See also PC.02.01.05, EP 6) □ □
13. **For hospices that elect to use The Joint Commission deemed status option: The interdisciplinary group, in consultation with the patient's attending physician, if any, prepares a written plan of care. If the patient resides in a Skilled Nursing Facility (SNF), Nursing Facility (NF), or Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID), the interdisciplinary group consults with representatives of the SNF, NF, or ICF/IID when establishing the plan of care. (See also PC.02.01.05, EP 6)** □ □
17. For hospices that elect to use The Joint Commission deemed status option: The hospice makes bereavement services available to the family and other individuals specified in the bereavement plan of care for up to one year following the death of the patient. □ □
 Note: Bereavement counseling also extends to the residents of a Skilled Nursing Facility (SNF), Nursing Facility (NF), or Intermediate Care Facility for ~~the Mentally Retarded~~ (ICF/MR) when appropriate and identified in the bereavement plan of care.
17. **For hospices that elect to use The Joint Commission deemed status option: The hospice makes bereavement services available to the family and other individuals specified in the bereavement plan of care for up to one year following the death of the patient. Note: Bereavement counseling also extends to the residents of a Skilled Nursing Facility (SNF), Nursing Facility (NF), or Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID) when appropriate and identified in the bereavement plan of care.** □ □

Key: **D** indicates that documentation is required; **R** indicates an identified risk area;

40. For hospices that elect to use The Joint Commission deemed status option: For hospice care provided to a resident of a Skilled Nursing Facility (SNF), Nursing Facility (NF), or Intermediate Care Facility for ~~the Mentally Retarded~~ (ICF/MR), the hospice plan of care identifies the care and services that are needed and identifies which provider is responsible for performing the functions that have been agreed upon and included in the plan of care.
40. **For hospices that elect to use The Joint Commission deemed status option: For hospice care provided to a resident of a Skilled Nursing Facility (SNF), Nursing Facility (NF), or Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID), the hospice plan of care identifies the care and services that are needed and identifies which provider is responsible for performing the functions that have been agreed upon and included in the plan of care.**
41. For hospices that elect to use The Joint Commission deemed status option: For hospice care provided to a resident of a Skilled Nursing Facility (SNF), Nursing Facility (NF), or Intermediate Care Facility for ~~the Mentally Retarded~~ (ICF/MR), the hospice plan of care reflects the participation of the hospice, the SNF, NF, or ICF/MR, and the patient and family to the extent possible.
41. **For hospices that elect to use The Joint Commission deemed status option: For hospice care provided to a resident of a Skilled Nursing Facility (SNF), Nursing Facility (NF), or Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID), the hospice plan of care reflects the participation of the hospice, the SNF, NF, or ICF/IID, and the patient and family to the extent possible.**
42. For hospices that elect to use The Joint Commission deemed status option: For hospice care provided to a resident of a Skilled Nursing Facility (SNF), Nursing Facility (NF), or Intermediate Care Facility for ~~the Mentally Retarded~~ (ICF/MR), any changes in the hospice plan of care are discussed with the patient or patient's representative and the SNF, NF, or ICF/MR representatives and are approved by the hospice before implementation.
42. **For hospices that elect to use The Joint Commission deemed status option: For hospice care provided to a resident of a Skilled Nursing Facility (SNF), Nursing Facility (NF), or Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID), any changes in the hospice plan of care are discussed with the patient or patient's representative and the SNF, NF, or ICF/IID representatives and are approved by the hospice before implementation.**

PC.02.01.01

The organization provides care, treatment, or services for each patient.

Element(s) of Performance for PC.02.01.01

13. For hospices that elect to use The Joint Commission deemed status option: The hospice provides care and services that are based on all assessments of the patient's and family's needs.
13. **For hospices that elect to use The Joint Commission deemed status option: The hospice provides care and services that are based on the initial assessment, comprehensive assessment, and updated assessments of the patient's and family's needs.**

PC.02.01.05

Key: **(D)** indicates that documentation is required; **(R)** indicates an identified risk area;

The organization provides interdisciplinary, collaborative care, treatment, or services.

Element(s) of Performance for PC.02.01.05

25. For hospices that elect to use The Joint Commission deemed status option: The interdisciplinary group members provide the care and services offered by the hospice and, in its entirety, supervises the hospice's care and services.

25. **For hospices that elect to use The Joint Commission deemed status option: The hospice develops and maintains a system of communication and integration in the provision of care. The interdisciplinary group members provide the care and services offered by the hospice and, in its entirety, directs, coordinates, and supervises the hospice's services.**

PC.02.02.01

The organization coordinates the patient's care, treatment, or services based on the patient's needs.

Element(s) of Performance for PC.02.02.01

21. For hospices that elect to use The Joint Commission deemed status option: For hospice care provided to a resident of a Skilled Nursing Facility (SNF), Nursing Facility (NF), or Intermediate Care Facility for ~~the Mentally Retarded~~ (ICF/MR), the hospice designates a member of the interdisciplinary group to be responsible for the patient, including the following:
 - Providing overall coordination of the patient's hospice care with SNF, NF, or ICF/MR representatives
 - Communicating with SNF, NF, or ICF/MR representatives and any other health care providers participating in the provision of care

21. **For hospices that elect to use The Joint Commission deemed status option: For hospice care provided to a resident of a Skilled Nursing Facility (SNF), Nursing Facility (NF), or Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID), the hospice designates a member of the interdisciplinary group to be responsible for the patient, including the following:**
 - **Providing overall coordination of the patient's hospice care with SNF, NF, or ICF/IID representatives**
 - **Communicating with SNF, NF, or ICF/IID representatives and any other health care providers participating in the provision of care**

22. For hospices that elect to use The Joint Commission deemed status option: For hospice care provided to a resident of a Skilled Nursing Facility (SNF), Nursing Facility (NF), or Intermediate Care Facility for ~~the Mentally Retarded~~ (ICF/MR), the interdisciplinary group coordinates the patient's hospice care with the medical director of the SNF, NF, or ICF/MR, the patient's attending physician, and other physicians participating in the provision of care.

22. **For hospices that elect to use The Joint Commission deemed status option: For hospice care provided to a resident of a Skilled Nursing Facility (SNF), Nursing Facility (NF), or Intermediate Care Facility for Individuals with Intellectual Disability (ICF/IID), the interdisciplinary group coordinates the patient's hospice care with the medical director of the SNF, NF, or ICF/IID, the patient's attending physician, and other physicians participating in the provision of care.**

Key: **D** indicates that documentation is required; **R** indicates an identified risk area;

23. For hospices that elect to use The Joint Commission deemed status option: For hospice care provided to a resident of a Skilled Nursing Facility (SNF), Nursing Facility (NF), or Intermediate Care Facility for the Mentally Retarded (ICF/MR), the hospice provides the SNF, NF, or ICF/MR with the following information: □ □
- The patient's most recent hospice plan of care
 - The patient's hospice election form and any advance directives
 - The physician certification and recertification of the patient's terminal illness
 - The names and contact information of hospice staff involved in the care of the patient
 - Instructions on how to access the hospice's 24-hour on-call system
 - Information on the hospice medications for the patient
 - Orders from the hospice physician and attending physician, if any, for the patient

23. For hospices that elect to use The Joint Commission deemed status option: For hospice care provided to a resident of a Skilled Nursing Facility (SNF), Nursing Facility (NF), or Intermediate Care Facility for Individuals with Intellectual Disability (ICF/IID), the hospice provides the SNF, NF, or ICF/IID with the following information: □ □
- The patient's most recent hospice plan of care
 - The patient's hospice election form and any advance directives
 - The physician certification and recertification of the patient's terminal illness
 - The names and contact information of hospice staff involved in the care of the patient
 - Instructions on how to access the hospice's 24-hour on-call system
 - Information on the hospice medications for the patient
 - Orders from the hospice physician and attending physician, if any, for the patient

PC.02.02.03

The organization makes food and nutrition products available to its patients.

Element(s) of Performance for PC.02.02.03

17. For hospices providing inpatient care in their own facilities that elect to use The Joint Commission deemed status option: The hospice serves at least three meals or their equivalent each day at regular times, with not more than 14 hours between a substantial evening meal and breakfast. □ □
17. For hospices providing inpatient care in their own facilities that elect to use The Joint Commission deemed status option: The hospice serves at least three meals or their equivalent each day at regular times, with not more than 14 hours between a substantial evening meal and breakfast. Meals served are consistent with the patient's plan of care. □ □

PC.02.03.01

The organization provides patient education and training based on each patient's needs and abilities.

Element(s) of Performance for PC.02.03.01

10. Based on the patient's condition and assessed needs, the education and training provided to the patient by the organization include the following: □ (D)
- An explanation of the plan for care, treatment, or services
 - Procedures to follow if care, treatment, or services are disrupted by a natural disaster or emergency
 - Basic health practices and safety
 - Information on the safe and effective use of medications. (See also MM.06.01.01, EP 9; MM.06.01.03,

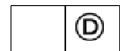
Key: (D) indicates that documentation is required; (R) indicates an identified risk area;

EP 3)

- Nutrition interventions (for example, supplements) and modified diets
 - Infection prevention and control
 - Discussion of pain, the risk for pain, the importance of effective pain management, the pain assessment process, and methods for pain management
 - Information on personal hygiene and grooming
 - Information on oral health
 - Basic physical and structural home safety
 - Information on the safe and effective use of medical equipment or supplies provided by the organization
 - Information on the storage, handling, and access to medical gases and supplies
 - Information on the identification, handling, and safe disposal of hazardous medications and infectious wastes
 - Habilitation or rehabilitation techniques to help the patient reach maximum independence
 - Information on the use of restraint
- (See also PC.01.02.07, EP 8; PC.01.03.01, EP 55)

Note: For home health agencies and hospices that elect to use The Joint Commission deemed status option: The home health organization must provide infection control education to patients and caregivers.

10. Based on the patient's condition and assessed needs, the education and training provided to the patient by the organization include the following:



- An explanation of the plan for care, treatment, or services
 - Procedures to follow if care, treatment, or services are disrupted by a natural disaster or emergency
 - Basic health practices and safety
 - Information on the safe and effective use of medications. (See also MM.06.01.01, EP 9; MM.06.01.03, EP 3)
 - Nutrition interventions (for example, supplements) and modified diets
 - Infection prevention and control
 - Discussion of pain, the risk for pain, the importance of effective pain management, the pain assessment process, and methods for pain management
 - Information on personal hygiene and grooming
 - Information on oral health
 - Basic physical and structural home safety
 - Information on the safe and effective use of medical equipment or supplies provided by the organization
 - Information on the storage, handling, and access to medical gases and supplies
 - Information on the identification, handling, and safe disposal of hazardous medications and infectious wastes
 - Habilitation or rehabilitation techniques to help the patient reach maximum independence
 - Information on the use of restraint
- (See also PC.01.02.07, EP 8; PC.01.03.01, EP 55)

Note: For home health agencies and hospices that elect to use The Joint Commission deemed status option: The organization must provide infection control education to patients and caregivers.

PC.03.05.11

The organization evaluates and reevaluates the patient who is restrained or secluded.

Key: **D** indicates that documentation is required; **R** indicates an identified risk area;

Element(s) of Performance for PC.03.05.11

- 2. For hospices providing inpatient care in their own facilities that elect to use The Joint Commission deemed status option: When the face-to-face evaluation is done by a registered nurse, he or she consults with the medical director or physician designee as soon as possible after the evaluation. ☐☐

- 2. **For hospices providing inpatient care in their own facilities that elect to use The Joint Commission deemed status option: When the one-hour face-to-face evaluation is done by a registered nurse, he or she consults with the medical director or physician designee as soon as possible after the evaluation.** ☐☐

PC.03.05.19

The organization reports deaths associated with the use of restraint and seclusion.

Element(s) of Performance for PC.03.05.19

- 2. For hospices providing inpatient care in their own facilities that elect to use The Joint Commission deemed status option: The deaths addressed in PC.03.05.19, EP 1 are reported to the Centers for Medicare & Medicaid Services (CMS) by telephone no later than the close of the next business day following knowledge of the patient's death. ☐ (D)

- 2. **For hospices providing inpatient care in their own facilities that elect to use The Joint Commission deemed status option: The deaths addressed in PC.03.05.19, EP 1 are reported to the Centers for Medicare & Medicaid Services (CMS) by telephone no later than the close of the next business day following knowledge of the patient's death. The date and time that the death was reported to CMS is documented in the patient's clinical record.** ☐ (D)

Performance Improvement (PI) Chapter

PI.03.01.01

The organization improves performance.

Element(s) of Performance for PI.03.01.01

- 9. For home health agencies and hospices that elect to use The Joint Commission deemed status option: The organization documents what performance improvement projects are being conducted, the reasons for conducting these projects, and the measurable progress achieved on them. ☐ (D)

- 9. **For home health agencies and hospices that elect to use The Joint Commission deemed status option: The organization documents what performance improvement projects are being conducted, the reasons for conducting these projects, and the measurable progress achieved on them.** ☐ (D)
Note: Hospices develop, implement, and evaluate performance improvement projects.

Rights and Responsibilities of the Individual (RI) Chapter

RI.01.02.01

Key: (D) indicates that documentation is required; (R) indicates an identified risk area;

The organization respects the patient's right to participate in decisions about his or her care, treatment, or services.

Element(s) of Performance for RI.01.02.01

- 4. The organization respects the patient's ~~or surrogate decision-maker's~~ right to refuse care, treatment, or services, in accordance with law and regulation. (See also PC.01.02.07, EP 5)
- 4. **The organization respects the patient's, authorized decision-maker's, or legal representative's right to refuse care, treatment, or services, in accordance with law and regulation. (See also PC.01.02.07, EP 5)**
- 23. For hospices that elect to use The Joint Commission deemed status option: The patient's family or guardian may exercise the patient's rights when the patient has been ~~judged incompetent~~.
- 23. **For hospices that elect to use The Joint Commission deemed status option: The patient's family or guardian may exercise the patient's rights when the patient has been deemed incompetent and the family or guardian has been appointed pursuant to state law.**

RI.01.06.03

The patient has the right to be free from neglect; exploitation; and verbal, mental, physical, and sexual abuse.

Element(s) of Performance for RI.01.06.03

- 5. For hospices that elect to use The Joint Commission deemed status option: The hospice uses established procedures to investigate and document all alleged violations.
- 5. **For hospices that elect to use The Joint Commission deemed status option: The hospice uses established procedures to immediately investigate and document all alleged violations and then takes action to prevent further potential violations during the investigation.**

Key: **(D)** indicates that documentation is required; **(R)** indicates an identified risk area;