

Policy: TX-012	Effective Date:	1/1/06
Topic: Core Services-Nursing Service	Date Revised:	2/2014
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Policy:

Professional nursing services shall be provided in accordance with the attending or hospice physician's orders, and in accordance with recognized standards of practice.

Hospice nursing services will be provided under the direction of a registered nurse with hospice training and experience.

The hospice shall provide skilled nursing services given by a qualified professional nurse, a registered nurse, or a licensed practical nurse under the direction of a registered nurse.

Nursing services ensure that the nursing needs of the patient are met as identified in the initial, comprehensive, and updated assessments.

If state law allows an Advance Practice Registered Nurse (Nurse Practitioner) to see, treat, and write orders for patients, then registered nurses may provide these services to hospice patients.

Advance Practice Registered Nurses (nurse practitioner) employed by Amedisys to perform Face to Face encounters shall not treat, give or write orders on any patients unless the nurse practitioner is considered to be the attending physician for the patient.

Nursing staff may be required to have special education, experience, or licensure/certification requirements to perform designated duties.

Highly specialized nursing services provided very infrequently may be provided under contract.

If the hospice is in a non-urbanized area, and has been unsuccessful in hiring an adequate number of nurses to meet patient needs, it may apply to the Center for Medicare and Medicaid Services for a waiver of the core nursing requirement. The hospice shall use the process as outlined in the Center for Medicare and Medicaid Services Medicare Benefit Policy Manual Chapter 9 40.4.1.

Operational Guidelines:

1. The primary registered nurse is the case manager. The case manager will be designated in the hospice patient's POC. The Case management includes, but is not necessarily limited to:
 - a. The initial assessment of the patient and family for the appropriateness of hospice services which shall be completed within 24 hours of the patient electing the hospice benefit.
 - b. Establishment and periodic review of the plan of care in conjunction with the IDT.
 - c. Implementation of the medical treatment orders, referral, follow-up, provision and supervision of nursing care.
 - d. Coordination of services given by other health care providers, including those not provided by the hospice and ensure continuous assessment of the patient's/family's needs and the implementation of the POC.
 - e. Documentation of all activities and findings.

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- f. The evaluation and regular re-evaluation of the nursing needs of the patient.
 - g. The observation and assessment of signs and symptoms and the reporting to the physician of reactions to treatments, including drugs and changes in the patient's physical or emotional condition.
 - h. A hospice nurse practitioner, employed by the hospice, may provide federally mandated face-to-face encounters with Medicare patients prior to the beginning of the patient's third and subsequent benefit periods. If face to face encounters are performed by a nurse practitioner, the nurse practitioner must then provide the clinical findings from that encounter to the physician who is responsible for determining if the patient meets criteria for re-certification.
 - i. The teaching, supervision and counseling of the patient and family regarding the nursing care needs and other related problems of the patient at home.
 - j. Supervision of hospice aides
 - k. The supervision and training of other nursing service personnel.
 - l. Other nursing services include:
 - a) Assessment
 - b) Teaching and training activities
 - c) Administration of medications
 - d) Evaluation of disease progression
 - e) Nutritional counseling
 - f) Working with volunteers
2. Routine home care for nursing services will be provided by intermittent visits.
 3. If initiated, continuous care must be provided for at least eight (8) hours within a specified 24-hour day. The care must be predominately nursing care provided by either a RN, a LPN, or a LVN. Homemaker or hospice aide services may be provided to supplement the nursing care. This means that at least half of the hours of care are provided by a RN, LPN, or LVN. Homemaker or hospice aide services may be provided to supplement the nursing care.
 4. Licensed practical nurses may provide services under the direction of the licensed registered nurse. The licensed practical nurse's duties include, but are not necessarily limited to the following:
 - a. Assisting the physician and/or registered nurse in performing nursing procedures.
 - b. Preparing equipment and materials for treatments observing aseptic or clean technique as required.
 - c. Assisting patients and/or patient's family to learn appropriate interventions that are established on the plan of care.
 - d. Documentation of all activities and findings.
 5. The registered nurse will perform an onsite evaluation of the care provided by the licensed practical nurse as often as necessary, or as required by state regulations. Supervisory activities will include:
 - a. A visit to the patient's home with or without the LPN present at least every 30 days

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- b. An onsite visit with the LPN present at least annually or as required by state law
- c. Patient record reviews, conferences, ongoing communications
- d. Collaborative care planning
- e. Specific assignments made by the RN for the LPN

State Specific Requirements

Alabama:

420-5-17-.11 Nursing Services.

- (1) Each hospice care program shall provide nursing care and services by or under the supervision of a registered nurse. The program shall direct and staff nursing services sufficient to meet the nursing needs of all of the hospice care program's patients. The program shall specify the patient care responsibilities of nursing personnel.

Alaska:

7 AAC 12.331. Professional Management

- (b) The program director shall designate a registered nurse to serve as the nurse coordinator. The nurse coordinator shall:
 - (1) supervise the agency's employees and contracted staff;
 - (2) be available at all times for consultation during regular office hours or have a qualified designee if the nurse coordinator is on leave status or otherwise unavailable to the agency;
 - (3) ensure that the agency has sufficient staff to meet patient needs;
 - (4) be responsible for the development of nursing objectives, policies, and procedures consistent with hospice philosophy
 - (5) establish staffing and on-call schedules for nursing staff to ensure the availability of nursing services 24 hours a day, seven days a week; and
 - (6) participate in the developing job descriptions and making employment decisions affecting hospice personnel who provide direct services.

Colorado:

6 CCR 1011-1 Chapter 21

6.11 Nursing Services: The hospice shall provide nursing care and services by or under the direction and supervision of a registered nurse with training and experience to direct hospice nursing care who shall be an employee of the hospice. Nursing services shall ensure that the patient's needs are met as identified in the patient's initial assessment, comprehensive assessment and updated assessments.

6.12 Highly specialized nursing services that are provided so infrequently that the provision of such services by direct hospice employees would be impracticable and prohibitively expensive, may be provided under contract.

Connecticut:

19-13-D69. Services

Services offered by the agency shall comply with the following.

- (a) Nursing Service:

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- (1) An agency shall have written policies governing the delivery of nursing service.
- (2) Nursing service shall be provided by a primary care nurse, or other nursing staff delegated by the primary care nurse.
- (3) The primary care nurse is responsible for the following which shall be documented in the patient's clinical record:
- (A) Admission of patients for service and development of the patient care plan;
 - (B) Implementation or delegation of responsibility for twenty-four (24) hour nursing service and homemaker-home health aide services;
 - (C) Coordination of services with the patient, family and others involved in the care plan;
 - (D) Regular evaluation of patient progress, prompt action when any change in the patient's condition is noted or reported, and termination of care when goals of management are attained;
 - (E) Identification of patient and family needs for other home health services and referral for same when appropriate,
 - (F) Participation in orientation, teaching and supervision of other nursing and ancillary patient care staff;
 - (G) Determination of aspects of the care plan for delegation to a homemaker-home health aide. Whenever any patient care activity, other than those activities listed in section 19-13-d69 (d) (3) of these regulations, is delegated to a homemaker-home health aide, the patient's clinical record clearly supports that the primary care nurse or designated professional staff member has:
 - (i) Assessed all factors pertinent to the patient's safety including the competence of the homemaker-home health aide, and
 - (ii) Determined that this activity can be delegated safely to a homemaker-home health aide.
 - (H) Development of a written plan of care and instructions for homemaker-home health aide services;
 - (I) Arranging supervision of the homemaker-home health aide by other therapists, when necessary
 - (J) Visiting and completing an assessment of assigned patients receiving homemaker-home health aide services as often as necessary based on the patient's condition, but not less frequently than every sixty (60) days. The sixty-day assessment shall be completed by a registered nurse, while the homemaker-home health aide is providing services in the patient's home.
- (4) An agency may employ licensed practical nurses under the direction of a registered nurse to provide nursing care, to assist the patient in learning self-care techniques and to prepare clinical and progress notes.

19-13-D69 (4) Supervision of homemaker-home health aides.

- (A) A registered nurse shall be accessible by phone and available to make a home visit at all times, including nights, weekends and holidays, when homemaker-home health aides are on assignment in a patient's home.
- (B) The primary care nurse assigned to the patient is responsible for supervision of the services rendered to the patient and family by the homemaker-home health aide.

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(C) An agency shall designate a full-time registered nurse, who may have other responsibilities, to be responsible for supervision of the homemaker-home health aide program and staff when that staff is twenty-four (24) or less persons, but when the number of homemaker-home health aides employed is twenty-five (25) or more persons, the agency shall employ a full-time supervisor whose primary responsibility shall be management of the homemaker-home health aide program. If this supervisor is not a registered nurse, the agency shall designate one full-time registered nurse, who may have other responsibilities, to assist with homemaker-home health aide program and staff supervision.

(D) An agency shall maintain at least the following staffing pattern during the regular workweek: One (1) full-time registered nurse for every fifteen (15), or less, full-time equivalent homemaker-home health aides on duty.

19-13-D72 Patient Care Policies

(b) Patient Care Standards

(B) Licensed registered nursing staff who are trained to perform infusion therapy shall be responsible for:

- (i) Insertion or removal of a peripherally inserted central catheter (picc), upon the written order of a physician, provided the registered nurse has had appropriate training and experience in such procedures; and
- (ii) Delivering of infusion therapy via existing epidural, intraperitoneal and intrathecal lines, monitoring, care of access site and recording of pertinent events and observations in the patient's clinical record.

(C) Licensed nursing staff trained in infusion therapy shall be responsible for:

- (i) Performing a venipuncture for the delivery of intravenous fluids via a needle or intracath;
- (ii) Withdrawal of blood from applicable infusion mechanisms for laboratory analysis; and
- (iii) Delivering intravenous therapy via existing lines, monitoring, care of access site and recording pertinent events and observations in the patient's clinical record.

(M) Nursing services shall be provided by qualified nurses licensed pursuant to Chapter 378 of the Connecticut General Statutes, employed by the hospice program and under the supervision of a primary care nurse.

- (i) In addition to the requirements of Section 19-13-D68(e) of these regulations, an agency providing a hospice program shall employ one qualified full-time registered nurse supervisor of clinical services for each ten or fewer, full-time or full-time equivalent professional direct service staff assigned to the hospice program, who shall manage and supervise the day to day activities of the hospice program, including coordination of the interdisciplinary team;
- (ii) The supervisor of clinical services assigned to the hospice program may also serve as the hospice program director in programs with six or fewer full-time or full-time equivalent professional direct-services staff.
- (iii) A registered nurse, serving as the primary care nurse, shall be responsible for the following:

- I. Development and implementation of an individualized, interdisciplinary patient family plan of care;
- II. Admission of patients for service and development of the initial patient family plan of care within 48 hours of admission with input from at least one other member of the hospice interdisciplinary team;

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III. Coordination of services with the patient family, hospice interdisciplinary team members and all others involved in the plan of care and delivery of patient care services.

Florida:

58A-2.0141 Nursing Services.

(1) The hospice shall employ a registered nurse who shall monitor all services provided by hospice nurses and home health aides. The supervising registered nurse shall be qualified by supervisory or hospice experience and shall have completed a hospice training program sponsored by the employing hospice. Duties shall be enumerated in a job description, including job qualifications, which shall be kept in an administrative file.

(2) The supervising registered nurse shall assist the administrator in developing, documenting and implementing policies and procedures for the delivery of clinical nursing services throughout the hospice program, including home-care, residential and inpatient programs; the orientation and training of newly employed or contractual hospice nurses and home health aides; and ongoing training and education of the hospice nurses and home health aides.

(3) The hospice shall ensure, by employment or contractual arrangements, that there are sufficient nurses and home health aides to meet the health care needs of the patient population of the hospice.

Georgia:

290-9-43-.18(2)(c) The director of nursing shall ensure the types and numbers of nursing personnel necessary to provide appropriate nursing care for each patient in the hospice.

Illinois:

77 Ill Adm.Code 280.1000 A Certified Nurse Practitioner can function in the role of attending physician as specified in section 408 of the federal Medicare Prescription Drug Improvement and Modernization Act of 2003.

Advanced Nurse Practitioner – a registered nurse who meets the requirements for licensure as an advanced practice nurse in the category of Certified Nurse Practitioner under the Nurse Practice Act. According to section 408 of the Medicare Prescription Drug Improvement and Modernization Act of 2003, a nurse practitioner may not serve as a medical director or as the physician member of the interdisciplinary group. The advanced nurse practitioner, acting as the attending physician, would be prohibited from certifying the terminal diagnosis

Indiana:

IA 410 IAC 17.1.5.1 (1) Nursing services available 24 hours a day under the supervision of a registered nurse; provided in accordance with the Indiana Nurse Practice Act (IC 25-23-1) and the care plan; and sufficient to ensure that the nursing needs of each patient are met.

Louisiana:

Personnel Qualifications 8217 Subchapter B. Organization and Staffing

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O. Registered Nurse (RN). The hospice must designate a registered nurse to coordinate the implementation of the POC for each patient.

1. Qualifications. A licensed registered nurse must be currently licensed to practice in the state of Louisiana with no restrictions:

- a. with at least two years' full time experience as a registered nurse; and
- b. be an employee of the hospice. If the registered nurse is employed by more than one agency, he or she must inform all employers and coordinate duties to assure quality service provision.

2. Responsibilities. The registered nurse shall identify the patient/family's physical, psychosocial, and environmental needs and reassess as needed but no less than every 14 days:

- a. provide nursing services in accordance with the POC,
- b. document problems, appropriate goals, interventions, and patient/family's response to hospice care;
- c. collaborate with the patient/family, attending physician and other members of the IDG in providing patient and family care;
- d. instruct patient/family in self care techniques when appropriate;
- e. supervise ancillary personnel and delegates responsibilities when required;
- f. complete and submit accurate and relevant clinical notes within one week of the visit;
- g. if the home health aide/homemaker is assigned to a patient by the RN, in accordance with the POC, specific written instructions for patient care are to be prepared by the RN. All personal care services are to be outlined for the patient, in writing, by the RN in charge of that patient;
- h. supervise and evaluate the home health aide/homemaker's ability to perform assigned duties, to relate to the patient and to work effectively as a member of the health care team.
- i. perform supervisory visits to the patient's residence at least every 14 days to assess relationships and determine whether goals are being met. A supervisory visit with the aide present must be made at least once every three (3) months;
- j. document supervision, to include the aide/homemaker-patient relationships, services provided and instructions and comments given as well as other requirements of the clinical note; and
- k. annual performance review for each aide/homemaker documented in the individual's personnel record.

Maine:

10-44 Chapter 120, Chapter 1, 20 NURSE SUPERVISOR: Means a licensed professional registered nurse with at least one (1) year experience and training in hospice nursing care who is designated by the program director to oversee nursing services for the hospice program.

Mississippi:

113.14 Registered Nurse (RN)

The hospice must designate a registered nurse to coordinate the implementation of the POC for each patient.

1. Qualifications - A licensed registered nurse must be currently licensed to practice in the State of Mississippi with no restrictions:

- a. Have at least one year full-time experience as a registered nurse or have been a licensed LPN employed for three years full-time working in a healthcare setting; and
- b. Be an employee of the hospice.

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2. Responsibilities - The registered nurse shall identify the patient/family's physical, psychosocial, and environmental needs and reassess as needed but no less than every 14 days:

- a. Provide nursing services in accordance with the POC;
- b. Document problems, appropriate goals, interventions, and patient/family response to hospice care;
- c. Collaborate with the patient/family, attending physician and other members of the IDT in providing patient and family care;
- d. Instruct patient/family in self-care techniques when appropriate;
- e. Supervise ancillary personnel and delegate responsibilities when required;
- f. Complete and submit accurate and relevant clinical notes regarding the patient's condition into the clinical record within one week of the visit;
- g. Provide direct supervision of the Licensed Practical Nurse (LPN) in the home of each patient seen by the LPN at least once a month;
- h. Make supervisory visits to the patient's residence at least every other week with the aide alternately present and absent, to provide direct supervision, to assess relationships and determine whether goals are being met. For the initial visit, the RN must accompany/assist the nurse aide;
- i. If a hospice aide is assigned to a patient by the RN, in accordance with the POC, specific written instructions for patient care are to be prepared by the RN. All personal care services are to be outlined for the patient, in writing, by the RN;
- j. Document supervision, to include the hospice aide relationships, services provided and instructions and comments given as well as other requirements of the clinical note;
- k. Document annual performance reviews for the hospice aide. This performance review must be maintained in the individual's personnel record; and
- l. Attend hospice IDT meetings.

Missouri:

19 CSE 30-35.010 (D). When nursing services are delegated to a licensed practical nurse:

- (I) The licensed practical nurse shall be supervised by a registered nurse who is available to the licensed practical nurse at least by phone during the hours that the licensed practical nurse is providing services or is on call; and
- (II) The registered nurse shall make at least monthly on-site visits and document that the licensed practical nurse is routinely providing nursing services in accordance with the plan of care

New Jersey:

§8:42C-3.1 1. Nursing services provided under contract shall be rendered only if:

- i. All available full and part-time employees have achieved maximum caseloads, or specialized care which is unavailable through existing staff can be provided under contract;
- ii. Contracted nursing personnel are oriented to the policies and procedures of the facility and receive supervision from supervisor staff employed by the facility; and
- iii. Provisions are made for continuity of patient care by the same contracted nursing personnel whenever possible.

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2. Notwithstanding (e)1 above, the hospice may use contracted staff, if necessary, to supplement hospice employees in order to meet the needs of patients under extraordinary or other non-routine circumstances, such as, but not limited to:

- i. Unanticipated periods of high patient loads;
- ii. Staffing shortages due to illness, or other short term temporary events; or
- iii. Temporary travel of a patient outside the hospice's service area.

3. Notwithstanding (e)1i above, the hospice may enter into a written arrangement with another Medicare certified hospice program for the provision of core services to supplement hospice employee or staff to meet the needs of patients in circumstances, such as, but not limited to:

- i. Unanticipated periods of high patient loads;
- ii. Staffing shortages due to illness or other short-term temporary situations that threaten to interrupt patient care; or
- iii. Temporary travel of a patient outside of the hospice's service area.

§ 8:42C-7. 3

(c) Registered professional nurses and licensed practical nurses shall provide nursing care to patients commensurate with their scope of practice, as delineated in the Nurse Practice Act, N.J.S.A. 45:11-23 et seq. Nursing care shall include, but not be limited to, the following:

- 1. The promotion, maintenance, and restoration of health;
- 2. The prevention of infection, accident, and injury;
- 3. Performance of an initial assessment by a registered professional nurse and identification of problems for each patient upon admission to the nursing service;
- 4. Reassessment of the patient's nursing care needs on an ongoing, patient-specific basis and providing care which is consistent with the medical plan of treatment;
- 5. Monitoring the patient's response to nursing care; and
- 6. Teaching, supervising, and counseling the patient, family members, and staff regarding nursing care and the patient's needs, including other related problems of the patient at home.
 - i. A registered professional nurse or a member of the interdisciplinary team shall initiate these functions, which may be reinforced by licensed nursing personnel.

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(d) Nursing staff shall administer medications in accordance with all Federal and State laws and rules.

§ 8:42C-7.4 Nursing entries in the medical/health record

(a) In accordance with written job descriptions and with this chapter, nursing personnel shall document in the patient's medical/health record:

1. The nursing plan of care in accordance with the facility's policies and procedures;
2. Clinical notes and progress notes;
3. A record of medications administered which shall include the following, documented by the nurse who administered the drug:
 - i. The name and strength of the drug;
 - ii. The date and time of administration;
 - iii. The dosage administered;
 - iv. The method of administration; and
 - v. The signature of the licensed nurse who administered the drug.

§8:42C-7.4(a) In accordance with written job descriptions and with this chapter, nursing personnel shall document in the patient's medical/health record:

1. The nursing plan of care in accordance with the facility's policies and procedures;
2. Clinical notes and progress notes;
3. A record of medications administered which shall include the following, documented by the nurse who administered the drug:
 - i. The name and strength of the drug;
 - ii. The date and time of administration;
 - iii. The dosage administered;
 - iv. The method of administration; and
 - v. The signature of the licensed nurse who administered the drug.

§ 8:42C-7.5 Homemaker-home health aide services

(a) The hospice shall provide homemaker-home health aide services, which services shall be directed and supervised by a RN.

1. The registered professional nurse shall assign the homemaker-home health aide to a patient and shall give written instructions to the homemaker-home health aide regarding the hospice services to be provided. The homemaker-home health aide shall document the hospice services provided. Copies of the written instructions shall be kept in the patient's home and documentation of services provided shall be kept in the patient's medical/health record.
2. If the registered professional nurse delegates selected tasks to the homemaker-home health

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aide, the registered professional nurse shall determine the degree of supervision to provide, based upon an evaluation of the patient's condition, the education, skill, and training of the homemaker-home health aide to whom the tasks are delegated, and the nature of the tasks and activities being delegated. The registered professional nurse shall delegate a task only to a homemaker-home health aide who meets the requirements specified and who has demonstrated the knowledge, skill, and competency to perform the delegated tasks.

3. The registered professional nurse shall make supervisory visits to the patient's home and document these visits in the patient's medical record, in accordance with the facility's policies and procedures.

(b) The hospice shall not employ an individual as a homemaker-home health aide unless the individual shall have completed a training program approved by the New Jersey Board of Nursing, shall be certified by the Board of Nursing in accordance with N.J.A.C. 13:37-4, and shall provide verification of current certification for inclusion in the hospice personnel record.

(c) The homemaker-home health aide shall be responsible for providing at least personal care and homemaking services essential to the patient's health care and comfort at home, including shopping, errands, laundry, meal planning and preparation (including therapeutic diets), serving of meals, child care, assisting the patient with activities of daily living, and assisting with prescribed exercises and the use of special equipment, as necessary.

Ohio:

.3701-19-16 (D) A registered nurse from the patient's interdisciplinary team shall prepare for each home health aide or hospice aide written instructions for patient care which are consistent with the interdisciplinary plan of care.

(E) The registered nurse responsible for preparing written instructions for home health aides and hospice aides shall make and document a supervisory visit to the patient's residence at least every two weeks when home health aide or hospice aide services are being provided to assess the provision of the home health aide or hospice aide services.

Tennessee:

1200-08-07-.06 Basic Agency Functions

(a) Nursing services. The hospice service program must provide nursing care and services by or under the supervision of a registered nurse (R.N.) at all times.

1. Nursing services must be directed and staffed to assure the nursing needs of patients are met.
2. Patient care responsibilities of nursing personnel must be specified.
3. Hospice services must be provided in accordance with recognized standards of practice.
4. A registered nurse may make the actual determination and pronouncement of death under the following circumstances:
 - (i) The deceased was receiving the services of a licensed home care organization providing Medicare-certified hospice services;
 - (ii) Death was anticipated, and the attending physician and/or the hospice medical director has agreed in writing to sign the death certificate. Such agreement must be present with the deceased at the place of death;
 - (iii) The nurse is licensed by the state; and,

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(iv) The nurse is employed by the home care organization providing hospice services to the deceased.

Texas:

Rule §97.299 Nursing Education Licensure and Practice If providing nursing services, an agency must adopt and enforce a written policy to ensure compliance with the rules of the Board of Nurse Examiners adopted at 22 TAC Chapters 211 - 226 (relating to Nursing Continuing Education, Licensure, and Practice in the State of Texas).

Rule §97.403(4) The hospice must designate a registered nurse to coordinate the implementation of the plan of care for each client.

Chapter 97 Subchapter D Rule §97.403(n) The hospice must provide nursing care and services by or under the supervision of a registered nurse.

Chapter 97 Subchapter D Rule §97.403 t(1) Nursing services must be directed and staffed to assure that the nursing needs of the clients are met.

(2) Client care responsibilities of nursing personnel must be specified.

(3) Services must be provided in accordance with recognized standards of practice.

(1) A registered nurse must visit the residence site no less frequently than every two weeks when aide services are being provided, and the visit must include an assessment of the aide services. The aide need not be present at each supervisory visit.

(2) Written instructions for client care must be prepared by a registered nurse.

Virginia:

12VAC5-391-340. Nursing services.

A. All nursing services shall be provided directly or under the supervision of a registered nurse, currently licensed by the Virginia Board of Nursing, who has education and experience in the needs of the terminally ill. Duties and responsibilities of the supervising nurse shall include:

1. Assuring that nursing services delivered are provided according to established hospice program policies;
2. Assuring that nursing services are available 24 hours a day, 7 days a week and that licensed practical nurses and home attendants work under the direct supervision of a registered nurse;
3. Participating in the development and implementation of orientation and in-service training hospice programs for all levels of nursing staff employed by the hospice program;
4. Acting as nurse liaison with staff and other agencies, hospice programs and individuals that have contractual agreements to provide nursing services;
5. Participating in quality improvement reviews and evaluations of the nursing services provided; and
6. Directing or supervising the delivery of nursing services.

B. Nursing services shall include, but are not limited to:

1. Assessing a patient's needs and admission for service as appropriate;
2. Working with the IDG to develop a plan of care;
3. Implementing the plan of care;
4. Obtaining physician's orders when necessary;
5. Providing those services requiring substantial and specialized nursing skill;
6. Educating the patient and patient's family in the care of the patient, including pain management;
7. Evaluating the outcome of services;
8. Coordinating and communicating the patient's physical or medical condition to the IDG;
9. Preparing clinical notes; and

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10. Supervising licensed practical nurses and home attendants providing delegated nursing services.

C. A registered nurse shall coordinate the implementation of each patient's plan of care.

D. If nursing duties are delegated, the hospice program shall develop and implement an organizational plan pursuant to 18VAC90-20-420 through 18VAC90-20-460 of the Virginia Administrative Code.

E. Licensed practical nurses shall be currently licensed by the Virginia Board of Nursing.

F. The services provided by a licensed practical nurse may include, but are not limited to:

1. Delivering nursing services according to the hospice program's policies and standard nursing practices;
2. Assisting the registered nurse in performing specialized procedures;
3. Assisting the patient with activities of daily living, including the teaching of self-care techniques;
4. Preparing equipment and supplies for treatment that requires adherence to sterile or aseptic techniques; and
5. Preparing clinical notes.

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The Hospice shall provide medical social services by a qualified social worker under the direction of a physician. Social work services are based on the patient's psychosocial assessment and the patient's and family's needs and acceptance of these services. The hospice social worker is an integral part of the patient's IDT and continues to participate even in the absence of social work problems, needs, and/or services.

Federal Conditions of Participation:

§ 418.114b

(3) *Social worker.* A person who—

(i)

(A) Has a Master of Social Work (MSW) degree from a school of social work accredited by the Council on Social Work Education; or

(B) Has a baccalaureate degree in social work from an institution accredited by the Council on Social Work Education; or a baccalaureate degree in psychology, sociology, or other field related to social work and is supervised by an MSW as described in paragraph (b)(3)(i)(A) of this section; and

(ii) Has 1 year of social work experience in a healthcare setting; or

(iii) Has a baccalaureate degree from a school of social work accredited by the Council on Social Work Education, is employed by the hospice before December 2, 2008, and is not required to be supervised by an MSW.

Supervision:

The hospice must employ or contract with at least one masters prepared social worker to serve in the supervisor role as an active advisor, consulting with those social workers requiring supervision on assessing the needs of patients and families, developing and updating the social work portion of the plan of care, and delivering care to patients and families. The masters prepared social worker must approve the plan of care periodically and provide clinical supervision at least once every 30 days. Supervision will be done by means of case conferences, joint visits, or both, depending of the needs of the patient and skills of the assistant. The supervision of the baccalaureate prepared social worker must be documented.

AMS system- The supervision of the baccalaureate prepared social worker is documented using the Hospice Social Worker Supervisory Note (HOSP 8-012). This documentation, once complete, is filed in the patient's clinical record.

HCHB system- The supervision of the baccalaureate prepared social worker is documented using the BSW Supervision Care Coordination Note. This documentation, once complete, becomes part of the patient's electronic medical record.

All orders taken by a BSW must be approved through a co-signature of an RN or a licensed therapist [MSW] for incorporation into the Plan of Care. See Hospice Administrative Policy SC-024 Physician Orders.

<http://atwork.amedisys.com/DocumentCenter/clinicaldocs/Hospice%20Administrative%20Manual/Policy%20SC-024%20Physician%20Orders.doc>

Social workers should also refer to the National Association of Social Work Code of Ethics (<http://www.socialworkers.org/pubs/code/default.asp>), National Social Work Practice Standards (<http://www.socialworkers.org/practice/default.asp>), and specific State Social Work Practice Acts regarding individual supervision and licensing requirements as well as general practice guidelines.

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Operational Guidelines:

Medical social services may include, but are not limited to, the following duties:

- a. Assisting the physician and other members of the hospice team in understanding the significant social and emotional factors related to patient's health problems.
- b. Assessing the social and emotional factors related to the patient's illness, his/her needs for care, his/her response to treatment, and adjustment to care.
- c. Incorporating assessments in developing and implementing intervention plans that enhance the patient's and support persons' abilities and decisions in palliative and end of life care.
- d. Assisting the patient and support person with personal and environmental difficulties.
- e. Utilizing resources, such as the family and community agencies.
- f. Preparing clinical and progress notes.
- g. Providing bereavement counseling.
- h. As delineated in Social Worker job description.
- i. Assisting the patient and support persons in accessing community resources for services, such as custodial care, not provided by the hospice.

The hospice social worker shall visit each new hospice patient within 72 hours of admission and complete a psychosocial assessment unless otherwise requested by the patient and/or family.

The hospice social worker participates in the preparation of the hospice patient's initial and comprehensive POC.

Clinical counseling may be provided only by the social worker that is currently licensed by the State to do so.

State Specific Requirements

Alabama:

420-5-17.12 Medical Social Services.

(1) Each hospice care program shall provide medical social services to each patient and family as needed. A social worker shall provide these services under the direction of a physician.

Title 34, Social Workers

After November 24, 1978, no person may engage in the practice of social work, holding himself forth as a "social worker," a "licensed bachelor social worker," a "licensed graduate

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social worker" or a "licensed certified social worker," unless that person is so licensed under this chapter or excluded according to its provisions.

Alaska:

7 AAC 12.335. Social work services.

- (a) A full-service hospice agency shall provide social work services required by 7 AAC 12.316(a)(3) (1) under the direction of a physician or advanced nurse practitioner; and (2) by a social worker who (A) has a master's degree from a social work curriculum accredited by the Council on Social Work Education; and (B) is licensed as a clinical social worker or a master social worker under AS 08.95. (b) The social worker must be available to the extent necessary to meet the needs of clients and their families for care that is reasonable and necessary for palliative care and management of terminal illness and related conditions. (c) In addition to performing the duties set out in 7 AAC 12.700(a)(1) – (6), the social worker shall provide ongoing psychosocial assessment of the family's capacity to cope with the client's terminal condition. (Eff. 5/24/2007, Register 182) Authority: AS 47.32.010 AS 47.32.03

Arkansas:

Social Worker means a person who has at least a Bachelor's Degree from a school accredited or approved by the Council on Social Work Education and is licensed by the State of Arkansas as a Social Worker.

Connecticut:

(kk)"Social work assistant" means a person who holds a baccalaureate degree in social work with at least one (1) year of social work experience; or a baccalaureate degree in a field related to social work with at least two (2) years of social work experience;

(LL)"Social worker" means a graduate of a master's degree program in social work accredited by the Council on Social Work Education;

19-13-D67 (f) An agency supervisor of social work services shall be a graduate of a master's degree program in social work accredited by the Council on Social Work Education who has a minimum of three (3) years' clinical experience in social work.

19-13-D69

(c) Social Work Services:

- (1) An agency shall have written policies governing the delivery of social work services.
- (2) All social work services shall be provided by or under the supervision of a qualified social worker.
- (3) Functions of the social worker include the following which shall be documented in the patient's clinical record:
 - (A) Comprehensive evaluation of psychosocial status as related to the patient's illness and environment;
 - (B) Participation in development of the total patient care plan;
 - (C) Participation in case conferences with the health care team;
 - (D) Identification of patient and family needs for other home health services and referral for same when appropriate;
 - (E) Referral of patient or family to appropriate community resources.

(4) A qualified social work supervisor shall be employed directly by the agency or as a contractor, except when social work's meet supervisory requirements. In such event, the agency shall provide peer consultation for social work staff. When the direct service social work staff is five (5) full-time or full-time equivalent persons, the agency must provide a full-time supervisor. The number of staff assigned to a supervisor shall not exceed fifteen (15) full-time or full-time equivalent staff.

(5) Social work assistants who function at all times under the supervision of a qualified social worker may be employed to carry out the social work activities and assignments The agency shall employ at least one (1) qualified social worker for every six (6) social work assistants or less.

19-13-D72 (N) Social work services shall be provided by qualified social workers, licensed pursuant to Chapter 383b of the Connecticut General Statutes, employed by the hospice program. The social worker's

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functions shall include, but not be limited to:

- (i) Comprehensive evaluation of the psychosocial status of the patient family as it relates to the patient's illness and environment;
- (ii) Counseling of the patient family and primary caregivers;
- (iii) Participation in development of the plan of care;
- (iv) Participation in ongoing case management with the hospice interdisciplinary team.

Florida:

58A-2.016 Counseling and Social Services.

- (1) The hospice shall employ a social worker who has a degree in social work or a degree in a related field with experience in social work, and who has completed a hospice training program sponsored by the employing hospice. Duties shall be enumerated in a job description, including job qualifications, which shall be kept in an administrative file.
- (2) Therapeutic counseling services, if provided, must be provided by a social worker, marriage and family therapist, mental health counselor, or other mental health professional who is licensed by or authorized under the laws of the state of Florida to provide such services.
- (3) The social worker shall assist the administrator in developing, documenting and implementing policies and procedures regulating the delivery of such services.
- (4) The hospice shall ensure, by employment or contractual arrangement, that there are sufficient social workers and other mental health professionals to meet the social, emotional and mental health needs of the patients and families being served by the hospice.

Georgia:

GA-290-9-43-.03 (CC) Hospice Regulation

"Social worker" means an individual who is qualified by education, training and experience and licensed when required by law to perform social work for hospice patients and their family units and who has at least a bachelor's degree in social work from a school accredited by the Council on Social Work Education. Social workers shall be licensed as required by Chapter 43-10A of the Official Code of Georgia Annotated, the "Professional Counselors, Social Workers, and Marriage and Family Therapists Licensing Law." Bachelor's level social workers may be utilized for some duties such as case management, but must be provided clinical supervision by another social worker with a bachelors or masters degree who has completed at least two years of post-degree social work practice.

TITLE 43. PROFESSIONS AND BUSINESSES CHAPTER 10A. PROFESSIONAL COUNSELORS, SOCIAL WORKERS, AND MARRIAGE AND FAMILY THERAPISTS

43-10A-3. Definitions

- (5) "Direction" means the ongoing administrative overseeing by an employer or superior of a specialty practitioner's work. The person providing direction shall be responsible for assuring the quality of the services rendered by that practitioner and shall ensure that qualified supervision or intervention occurs in situations which require expertise beyond that of the practitioner. Direction may be provided by any person acceptable to the standards committee for that specialty in which the practitioner is working.
- (13) "Social work" means that specialty which helps individuals, marriages, families, couples, groups, or communities to enhance or restore their capacity for functioning: by assisting in the obtaining or improving of tangible social and health services; by providing psychosocial evaluations, in-depth analyses and determinations of the nature and status of emotional, cognitive,

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mental, behavioral, and interpersonal problems or conditions; and by counseling and psychotherapeutic techniques, casework, social work advocacy, psychotherapy, and treatment in a variety of settings which include but are not limited to mental and physical health facilities, child and family service agencies, or private practice.

(15) "Supervision" means the direct clinical review, for the purpose of training or teaching, by a supervisor of a specialty practitioner's interaction with a client. It may include, without being limited to, the review of case presentations, audio tapes, video tapes, and direct observation in order to promote the development of the practitioner's clinical skills.

HISTORY: Code 1981, § 43-7A-6, enacted by Ga. L. 1984, p. 1406, § 1.

§ 43-10A-7. Licensing requirement; exceptions

(a) Except as otherwise provided in this chapter, a person who is not licensed under this chapter shall not practice professional counseling, social work, or marriage and family therapy, nor advertise the performance of such practice, nor use the title "professional counselor," "associate professional counselor," "social worker," "marriage and family therapist," or "associate marriage and family therapist," nor use any words, letters, titles, or figures indicating or implying that the person is a professional counselor, associate professional counselor, social worker, marriage and family therapist, or associate marriage and family therapist or is licensed under this chapter.

(4) Students of a recognized educational institution who are preparing to become practitioners of a specialty, but only if the services they render as such practitioners are under supervision and direction and their student status is clearly designated by the title "trainee" or "intern";

(5) Persons who have obtained a master's degree from a program accredited by the Council on Social Work Education and who are practicing social work under direction and supervision while preparing to take the master's social work licensing examination, but only for a period of up to one year following the granting of such degree;

(13) Persons who have obtained a master's degree from a program accredited by the Council on Social Work Education and who are engaged in the practice of community organization, policy, planning, research, or administration may use the title "social worker" and may only engage in such practice;

(14) Persons who have obtained a bachelor's degree in social work from a program accredited by the Council on Social Work Education may use the title "social worker" and may practice social work, but they may not practice autonomously and may only practice under direction and supervision, and, notwithstanding the definitions in paragraphs (5) and (15) of Code Section 43-10A-3, such supervision shall be provided by a social worker who, as a minimum, has been awarded a bachelor's or a master's degree in social work from a program accredited by the Council on Social Work Education and who has completed at least two years of post-degree practice in the field of social work;

HISTORY: Code 1981, § 43-7A-11, enacted by Ga. L. 1984, p. 1406, § 1; Ga. L. 1990, p. 1484, § 3; Ga. L. 1993, p. 330, § 4; Ga. L. 1994, p. 450, § 3; Ga. L. 1997, p. 1387, § 3; Ga. L. 2002, p. 1479, §§ 2, 3.

43-10A-12. Requirements for licensure in social work; authorized services

43-10A-12. Requirements for licensure in social work; authorized services

(a) The education, experience, and training requirements for licensure in social work are as follows:

(1) For licensure as a master's social worker, a master's degree in social work from a program accredited by the Council on Social Work Education; and

(2) For licensure as a clinical social worker:

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(A) A master's degree in social work from a program accredited by the Council on Social Work Education; and

(B) As defined by the board, three years' full-time supervised experience in the practice of social work following granting of the master's degree. Of the three years of supervised experience, only the first two must be under direction. A doctoral degree in a specialty, an allied profession, or child and family development may substitute for one year of such experience. At least one year of experience shall have occurred within two years immediately preceding application for licensure as a clinical social worker or the applicant shall have met the continuing education requirement established by the board for clinical social work during the year immediately preceding application.

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(b) Licensed master's social workers may render or offer to render to individuals, marriages, couples, families, groups, organizations, governmental units, or the general public service which is guided by knowledge of social resources, social systems, and human behavior. They may provide evaluation, prevention, and intervention services which include but are not restricted to community organization, counseling, and supportive services such as administration, direction, supervision of bachelor's level social workers, consultation, research, or education. The first two years of their practice after licensure as a master's social worker shall be under direction and supervision. Thereafter, they may engage in private practice, except that those social workers whose practice includes counseling or psychotherapeutic techniques may only engage in such practice under the supervision of a duly qualified supervisor and only for such period of time as is prescribed for qualification to take the clinical social work licensing examination.

(c) Licensed clinical social workers may practice all authorized services of licensed master's social workers and may: provide supervision and direction; provide psychosocial evaluation through data collection and analyses to determine the nature of an individual's mental, cognitive, emotional, behavioral, and interpersonal problems or conditions; provide counseling and psychotherapy to individuals, marriages, couples, families, and groups; interpret the psychosocial dynamics of a situation and recommend and implement a course of action to individuals, marriages, couples, families, or groups in such settings as private practice, family service and counseling agencies, health care facilities, and schools; and provide direct evaluation, casework, social work advocacy, education, training, prevention, and intervention services in situations threatened or affected by social, intrapersonal, or interpersonal stress or health impairment.

Illinois:

77 Ill Admin. Code 280.1000 Social Worker – a person who is a licensed social worker or a licensed clinical social worker under the Clinical Social Work and Social Work Practice Act and has a minimum of one year of social work experience in a health care setting. An exception to the one-year experience requirement may be allowed upon approval by the Department of Public Health. The Department's decision to grant an exception will be based on, but not be limited to, the hospice's efforts to employ a social worker who meets this requirement

Massachusetts:

105 CMR 141.204 (E) Social Work Services.

(1) The hospice shall provide social work services to the patient and family.

(2) Social work services shall be directed by and shall be provided under the supervision of a licensed certified social worker with an MSW or a licensed independent clinical social worker.

(3) Social work services shall be provided by a licensed social worker qualified by education and experience. Social Worker means an individual who is currently licensed to practice social work in Massachusetts pursuant to M.G.L. c. 112, § 131 under the licensure categories of Licensed Independent Practitioner of Clinical Social Work, or Licensed

Certified Social Worker or Licensed Social Worker. (4) If social work services are provided solely by one individual, that individual shall be a licensed certified social worker with a MSW or a licensed independent clinical social worker.

(5) The individual responsible for directing and supervising hospice social work services shall work in cooperation with the Administrator and the individual responsible for clinical

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services coordination in order to:

- (a) develop and implement social work objectives, policies and procedures;
 - (b) develop job descriptions for all social work personnel;
 - (c) develop staffing and on-call schedules to meet patient/family needs;
 - (d) develop and implement orientation programs.
- (6) A social worker shall assess the patient/family and identify psychosocial needs.
- (7) Social work services shall be available seven days a week, as needed.
- (8) Social work services shall be delivered consistent with the patient/family care plan.
- (9) All social work services shall be documented in the patient/family record.
- (10) Social work services shall be provided in accordance with recognized standards of social work practice.

(G)(5) Psychosocial/Supportive Counseling.

- (a) When psychosocial/supportive counseling is provided by the hospice, it shall be provided by qualified counselors who are licensed, if applicable.
- (b) A qualified counselor is an individual with an advanced degree in social work, psychology, mental health counseling, psychiatry or psychiatric nursing or the documented equivalent in education, training and/or experience and who has clinical experience appropriate to the counseling and casework needs of hospice patients/families.

Mississippi:

113.15 Social Worker

1. Qualifications – A minimum of a bachelor's degree from a school of social work accredited by the Council of Social Work Education. This individual must be licensed in the State of Mississippi.

- a. A minimum of one year documented clinical experience appropriate to the counseling and casework needs of the terminally ill.
- b. Must be an employee of the hospice.

2. Responsibilities – The social worker shall assist the physician and other IDT members in understanding significant social and emotional factors related to the patient's health status and shall include, but not be limited to:

- a. Assessment of the social and emotional factors having an impact on the patient's health status;
- b. Assist in the formulation of the POC;
- c. Provide services within the scope of practice as defined by state law and in accordance with the POC;
- d. Coordination with other IDT members and participate in IDT conferences;
- e. Prepare clinical and/or progress notes and incorporate them into the clinical record within one week of the visit;
- f. Participate in discharge planning, and in-service programs related to the needs of the patient;
- g. Acts as a consultant to other member of the IDT;
- h. When medical social services are discontinued, submit a written summary of services provided, including an assessment of the patient's current status, to be retained in the clinical record; and
- i. Attend hospice IDT meetings.

Missouri:

19 CSR 30-35,010 4(C). The spiritual assessment shall include, at a minimum:

- (I) The identification of any religious affiliation the patient and family may have; and
- (II) The nature and scope of any spiritual concerns or needs identified.

D. A visit by the spiritual counselor shall be offered to each patient. If the patient declines spiritual counselor visits, the spiritual counselor will serve as a resource for other interdisciplinary team members assessing spiritual needs and providing care, and will be available to coordinate with other spiritual care providers the patient/family may have

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identified.

34. Social worker—a person who has at least a bachelor’s degree in social work from a school of social work accredited by the Council on Social Work Education.

m—a person who is ordained, commissioned or credential’d according to the practices of an organized religious group and has completed, or will complete by August 1, 2003, one (1) unit of Clinical Pastoral Education (CPE); or has a minimum of a bachelor’s degree with emphasis in counseling or related subjects and has, within ninety (90) days of hire, completed specific training to include: common spiritual issues in death and dying; belief systems of comparative religions related to death and dying; spiritual assessment skills; individualizing care to patient beliefs; and varied spiritual practices/rituals.

5. Bereavement care services.

A. There shall be an organized program for the provision of bereavement services under the supervision of a qualified professional who is a person with training or experience related to death, dying and bereavement.

B. Within two months following the patient’s death, there shall be an assessment of risk of the bereaved individual and a plan of care that extends for one year appropriate to the level of risk assessed.

C. In addition to the assessment, at least one bereavement visit (other than funeral attendance/visitation) shall occur within six months after the death of the patient.

New Jersey:

“Social Worker” means a person who is licensed by the State Board of Social Work Examiners. Has a masters’ degree in social work from a graduate school of social work accredited by the Council on Social Work Education, and at least one year if post master’s social work experience in a health care setting in accordance with N.J.S.A. 45:15BB et seq. and N.J.A.C. 13:44G.

Tennessee:

TN -1200-8-27-.01

(10) Certified Master Social Worker. A person currently certified as such by the Tennessee Board of Social Worker Certification and Licensure.

(34) Licensed Clinical Social Worker. A person currently licensed as such by the Tennessee Board of Social Work.

(59) Social Work Assistant. A person who has a baccalaureate degree in social work, psychology, sociology or other field related to social work, and has at least (1) year of social work experience in a health care setting. Social work related fields include bachelor/masters degree in psychology, sociology, human services (behavioral sciences, not human resources), and masters’ degree in counseling fields (psychological guidance and guidance counseling) degrees in gerontology.

Texas:

TX-Title 40, Part 1, Chapter 97, Subchapter A, Rule§97.2 (83) Social Worker-A person who is currently licensed as a social worker under Occupations Code, Chapter 505.

Chapter 97, Subchapter D, Rule §97.403 (o) Medical social services must be provided by a social worker who is licensed in the state of Texas to provide social work services and must be under the direction of a physician.

Tennessee:

TN -1200-8-27-.01

(10) Certified Master Social Worker. A person currently certified as such by the Tennessee Board of Social Worker Certification and Licensure.

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(35) Licensed Clinical Social Worker. A person currently licensed as such by the Tennessee Board of Social Work.

(60) Social Work Assistant. A person who has a baccalaureate degree in social work, psychology, sociology or other field related to social work, and has at least (1) year of social work experience in a health care setting. Social work related fields include bachelor/masters degree in counseling, sociology, human services (behavioral sciences, not human resources), and masters' degree in counseling fields (psychological guidance and guidance counseling) degrees in gerontology.

Virginia:

12VAC5-391-360. Medical social services.

A. Social services shall be provided according to the plan of care under the direction of a qualified social worker who holds, at a minimum, a bachelor's degree with major studies in social work, sociology, or psychology from a four-year college or university accredited by the Council on Social Work Education and has at least two years experience in case work or counseling in a health care or social services delivery system.

The hospice program has one year from the effective date of this chapter to ensure the designated individual meets the qualifications of this standard.

B. The duties of the social worker may include, but are not limited to:

1. Conducting a complete psychosocial assessment of the patient and family and participating in the development of the plan of care at the time of the patient's admission;
2. Delivering or supervising the delivery of social services to the patient or the patient's family;
3. Reviewing and updating the plan of care as often as necessary;
4. Obtaining physician's orders for services, as necessary;
5. Assisting the patient and family with identifying and accessing community resources;
6. Reporting any changes in the emotional, social, or financial condition of the patient or family to the attending physician;
7. Acting as consultant to hospice program staff;
8. Participating in the quality improvement reviews and evaluation of social services;
9. Preparing clinical notes; and
10. Participating in discharge planning.

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Policy:

Hospice provides counseling services to both the patient and family. Hospice identifies patient counseling needs and provides counseling appropriately. Counseling services includes bereavement, spiritual, dietary and other counseling provided by the other members of the IDT as well as by qualified professionals, as determined by the hospice, based on patient/family need. Counseling is provided in accordance with acceptable standards of practice and applicable state and federal laws and regulations. When the hospice is unable to meet the counseling needs of the patient and/or family, the hospice will make a referral to the appropriate community agency.

Operational Guidelines:

Bereavement Counseling:

Bereavement Counseling includes emotional, psychosocial, and spiritual support and services provided before and after the death of the patient to assist with issues related to grief, loss, and adjustment. Bereavement counseling includes but is not limited to: memorial services, letters and cards, support groups for adults and/or children, and individual counseling.

- a) An initial bereavement assessment of the needs of the patient/family and other individuals focusing on the social, spiritual, and cultural factors that may impact their ability to cope with the patient's death is performed within 72 hours of admission and the information is incorporated into the hospice POC and considered in the bereavement POC.
- b) Bereavement services are provided by a qualified professional with experience or education in grief and/or loss counseling.
- c) Bereavement Counseling shall be part of the IDT plan of care and shall address the needs and goals of the patient and the patient's family unit, the services to be provided and the frequency of services.
- d) Bereavement counseling will be made available to the family and other individuals for up to 13 months following the death of the patient.
- e) Bereavement counseling is also extended to residents of a nursing facility or assisted living facility if appropriate and included in the bereavement POC.
- f) The bereaved family members will provide input and the final decision regarding the amount of bereavement services they will receive.
- g) Bereavement counseling will also be made available to the community and other organizations impacted by loss, when requested.

Spiritual Counseling:

Spiritual counseling is based on a spiritual assessment of the patient's/family's needs. Spiritual counseling is provided to meet identified needs in accordance with the patient's/family's acceptance of this service. Spiritual counseling is provided in a manner consistent with patient/family beliefs and desires.

- a) Hospices shall make available spiritual counseling and shall notify patients and family as to the availability of the clergy.
- b) Spiritual counseling will be provided according to patient/family beliefs and culture.

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- c) The spiritual care counselor shall visit each new hospice patient within 72 hours of admission and complete a spiritual assessment unless otherwise requested by the patient and/or family.
- d) The spiritual counselor may assist in funeral planning
- e) The spiritual care counselor may assist with funerals and memorial services.
- f) The hospice shall provide spiritual counseling as part of the IDT plan of care.
- g) In the delivery of spiritual counseling services, hospices shall not impose any value or belief system on the patient or family.
- h) The spiritual counselor may provide spiritual education to other members of the IDT, as requested

Professional Counseling:

Professional counseling services will be provided to patients and families as part of the POC when needs are identified. Additional counselors may include but are not limited to: diabetic teaching nurse, enterostomal nurse, wound care nurse.

- a) Additional counseling may be provided by other members of the IDT as well as by other qualified professionals, in accordance with state practice acts, as determined by the hospice.
- b) The hospice will provide additional counseling as part of the IDT plan of care.

Dietary/Nutritional Counseling:

Dietary/Nutritional counseling means education and interventions provided to the patient/family regarding appropriate nutritional intake as the patient's condition progresses. Dietary/Nutritional counseling services are provided in accordance with applicable laws, regulations, and standards of practice.

- a) Dietary counseling shall be available to all patients and be provided by a qualified individual, which may include a registered nurse, dietitian, or nutritionist.
- b) The IDT will make a referral to a dietician or nutritionist when nutritional needs identified by the IDT require additional assistance by a dietician or other qualified individual. This may include:
 - a. Patients receiving enteral nutrition
 - b. Patients with difficulty swallowing
 - c. Assessing the protein intake of patients with non-healing wounds
- c) Dietary counseling will be part of the IDT plan of care and based on the patient's specific nutritional needs.

State Specific Requirements

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Alabama

420-5-17-.15 Counseling and Bereavement Services.

(1) Each hospice care program shall make available counseling services to the hospice patient and the patient's family. Counseling services shall include dietary, spiritual, and any other necessary counseling services while the patient is enrolled in the hospice care program. Counseling services shall be provided by a qualified interdisciplinary team member or one or more other qualified individuals, as determined by the hospice care program.

(2) The hospice care program shall make reasonable efforts to arrange for contacts by clergy, chaplain, and other members of religious organizations in the community to patients who request such services and shall apprise patients of this opportunity.

(3) Each hospice care program shall provide bereavement services, as needed, for hospice patients' families. These services shall be provided for at least one year after the patient's death unless discontinued by the family. Bereavement services shall be provided under the supervision of a designated qualified professional

Colorado:

6 CCR 1011-1 Chapter 21

6.17 Bereavement Counseling: Before and for one year following the patient's death, the hospice shall provide bereavement services to families and others including individuals in residential facilities where the patient resided. These services shall be provided in accordance with the needs of the individual and furnished under the supervision of a qualified professional with experience or education in grief or loss counseling.

Connecticut:

19-13-D72

(O) Counseling shall include bereavement, spiritual, dietary, and any other counseling services that may be needed by the patient family while enrolled in a hospice program.

(i) Counseling shall be provided only by qualified personnel employed by the hospice;

(ii) Bereavement services shall include:

I. Ongoing assessment of the family and primary caregiver's needs, including the presence of any risk factors associated with the patient's impending death or death and the ability of the family or primary caregiver to cope with the loss;

II. A plan of care for bereavement services which identifies the individualized services to be provided;

III. The availability of pre-death grief counseling for the patient family and primary caregiver;

IV. Ongoing, regular, planned contact with the family and primary caregiver, offered for at least one year after the death of the patient, based on the plan of care;

(iii) A spiritual counselor shall provide counseling, in accordance with the wishes of the patient, based on initial and ongoing assessments of the spiritual needs of the patient family that, at a minimum, include the nature and scope of spiritual concerns or needs. Services may include:

I. Spiritual counseling consistent with patient family beliefs;

II. Communication with and support of involvement by local clergy or spiritual counselor;

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III. Consultation and education for the patient family and interdisciplinary team members.

(iv) A qualified dietitian shall provide counseling based on initial and ongoing assessments of the current nutritional status of the patient, pre-existing medical conditions, and special dietary needs. Services may include:

- I. Counseling of the patient family and primary caregiver with regard to the patient's diet;
- II. Coordination of the plan of care with other providers of nutritional services or counseling.

Georgia:

GA-290-9-43-.03

(d) "Clergy" means an individual representative of a specific spiritual belief who has documentation of ordination or commission by a recognized faith group and who has completed at least one unit of clinical pastoral education from a nationally recognized provider.

290-9-43-.19

(g) Dietician means a specialist in the study of nutrition who is licensed as required by Chapter 43-11A of the Official Code of Annotated, the "the Dietetics Practice Act."

290-9-43-.19

(a) Bereavement services: hospices shall have an organized program for provision of bereavement services under the supervision of a licensed professional counselor or licensed social worker or other professional determined to be qualified by training and education to provide the required supportive services.

Bereavement Services, including educational and spiritual materials and individual and support services, shall be available to the family unit for a period of one year following the patient's death.

(d) Other Counseling – Additional counseling for the patient or the patient's family unitsuch counseling may include, but is not limited to access to a licensed clinical social worker or professional counselor for the provision of counseling to the patient or the patient's family unit or primary caregiver on a short-term basis to resolve assessed clear or direct impediments to the treatment of the patient's medical condition.

Illinois:

77 Ill Adm.Code 280.1000 Counselor – a person who has earned at a minimum a bachelor's degree in counseling, psychology, or social work from an accredited college or university and who has one year of counseling experience in a health care setting; or a religious professional (clergy, religious or theologically trained lay person) who has a combination of documented formal training in pastoral counseling and supervised counseling experience in a health care or clinical setting. The total of supervised work experience must equal at least one year in a clinical or health care setting. Any person employed as a "counselor" in an Illinois Licensed Hospice Program prior to September 1, 1985 may continue to serve in that capacity at that agency only, even though he or she may not meet the qualifications for "counselor" as set forth in this Part.

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77 III Admin. Code 280.2010(7)(C). Spiritual Counseling Services – The hospice program shall provide, at a minimum, one counselor as defined in Section 280.1000 to provide spiritual counseling services. Spiritual counseling services shall be made available to the patient and family. The patient's religious beliefs and practices shall be accommodated either by the hospice or with an outside source. *The hospice program shall not impose the dictates of any value or belief system on its patients.* (Section 8(g) of the Act)

77 III Admin. Code 280.2010(8) Nutritional Evaluation – The hospice program shall perform a nutritional evaluation of the patient by a qualified individual, including, but not limited to, a dietitian or nurse. This evaluation must be reviewed by the hospice care team. Consultation by a dietitian shall be available to the patient as determined necessary by the hospice care team.

Maine:

10-44 Chapter 120, Chapter 1: Definitions

BEREAVEMENT SERVICES: Means emotional support services related to the death of a family member, including, but not limited to, counseling provision of written material, social reorientation and group support for up to one year following the death of the client who was terminally ill. Bereavement services must be consistent with the bereavement care plan.

Massachusetts:

CMR 105 141.204 (G) Counseling Services.

(1) The hospice shall provide counseling services to assist patients and families as needed and in accordance with the plan of care.

(2) Counseling services shall be provided by professional staff or by volunteer staff under the professional supervision of a qualified counselor.

(3) Bereavement Counseling.

(a) The hospice shall provide bereavement services to the family following the patient's death.

(b) Bereavement services shall provide support to enable an individual/family to adjust to experiences associated with death.

(c) Bereavement services shall be available to the family for up to one year following the death of the patient.

(d) Bereavement services shall be delivered consistent with the bereavement plan of care and with criteria for termination of such services and/or referral of the family to other agencies or providers.

(e) Bereavement services shall be coordinated with other community resources judged by the interdisciplinary team to be useful to the family.

(f) Bereavement services shall be under the direction and supervision of a person qualified by training and experience for the development, implementation and assessment of a plan of care to meet the needs of the bereaved.

(g) All bereavement services provided shall be documented in the patient/family record.

(4) Spiritual Counseling.

(a) When spiritual counseling is provided to a patient/family by a hospice it shall be provided by a qualified interdisciplinary team member and/or through an arrangement with clergy and/or other spiritual counselors in the community.

(b) Hospice spiritual services shall be provided as desired by the patient/family and shall include but need not be limited to the following:

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1. spiritual counseling in keeping with the patients/family beliefs;
2. communication with and support of appropriate clergy or other spiritual counselors in the community;
3. consultation and education to patients/families and interdisciplinary team members.

(c) When hospice spiritual services are provided through an arrangement with clergy and/or other spiritual counselors in the community there shall be documentation of ongoing communication between the clergy and/or other spiritual counselors and the interdisciplinary team members.

(d) The hospice shall make reasonable efforts to arrange for visits of clergy and or/other spiritual counselors in the community to patients who request such visits and shall advise patient families of this opportunity.

(e) Spiritual services shall be provided consistent with the plan of care and with criteria for termination of such services and/or referral to other agencies or providers.

(f) Spiritual services provided shall be documented in the patient/family record.

(5) Psychosocial/Supportive Counseling.

(a) When psychosocial/supportive counseling is provided by the hospice, it shall be provided by qualified counselors who are licensed, if applicable.

(b) A qualified counselor is an individual with an advanced degree in social work, psychology, mental health counseling, psychiatry or psychiatric nursing or the documented equivalent in education, training and/or experience and who has clinical experience appropriate to the counseling and casework needs of hospice patients/families.

Mississippi:

CMSR 15-301-049 101.17 Counselor - Means an individual who has at least a bachelor's degree in psychology, a master's or bachelor's degree from a school of social work accredited by the Council on Social Work Education, a bachelor's degree in counseling; or the documented equivalent of any of the above in education, training in the spiritual care of the dying and end of life issues, and who is currently licensed in the state of Mississippi, if applicable. Verification of education and training must be maintained in the individual's personnel file.

New Hampshire:

He-P 823.25 (q) The spiritual and or bereavement coordinator shall be a person who has at least a bachelor's degree in an applicable field such as theology of education, psychology or counseling and who has completed at least 8 additional hours in death and dying, grief and bereavement.

(r) Persons providing bereavement services shall have education in death and dying, grief and bereavement.

(s) The spiritual and or bereavement coordinator shall be responsible for providing an organized program of bereavement services for up to 12 months after the death of the patient that includes but is not limited to:

- (1) Counseling to families after the patient's death; and
- (2) Developing a care plan that reflects the needs of the patient's family.

New Jersey:

§8:42C-1.2 Spiritual care means spiritual counseling in keeping with the belief system of the patient and family.

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North Carolina:

10A NCAC 13K.0501(8) Bereavement counseling shall be offered to family members and others identified in the bereavement plan of care for a period of 12 months after the patient's death. The hospice shall assure that:

- (a) an assessment of survivor risk factors is completed during the patient's admission to hospice and during the patient's illness;
- (b) the bereavement care plan is established within six weeks after the patient's death;
- (c) the bereavement care plan shall contain information about who shall receive bereavement services and what services will be offered;
- (d) the bereavement care plan is reviewed quarterly at a minimum or more often as needed; and
- (e) discharge from bereavement services before the 12 months expire is justified and documented.

Ohio:

3701-19-18 (A)(2) The hospice care program shall provide dietary counseling. Dietary counseling shall include use of food and mealtime to promote quality of life for hospice patients and to meet their needs for symptom control. Dietary counseling also may include counseling of family members to enable them to prepare food for the hospice patient. Dietary counseling shall be planned and provided by or under the supervision of a dietitian or, if the program is unable to obtain the services of a dietitian, by a nurse.

3701-19-18 (B) (B) The hospice care program shall make reasonable efforts to arrange for visits of clergy and other members of religious organizations in the community to patients who request visits and shall apprise patients of this opportunity.

Tennessee:

TN-1200-8-27-01

(6) Bereavement Counselor-An individual who has at least a bachelor's degree in social work, counseling, psychology, pastoral care or specialized training or experience in bereavement theory and counseling

(61) Spiritual Counselor-A person who has met the requirements of a religious organization to serve constituency of that religious organization.

1200-08-27-.06 (d) Counseling Services

(d) Counseling Services. Counseling services must be made available to both the patient and the family. Counseling includes bereavement counseling, provided both prior to and after the patient's death, as well as dietary, therapeutic, spiritual and any other counseling services identified in the Plan of Care for the patient and family.

1. Bereavement counseling. There must be an organized program for the provision of bereavement services under the supervision of a qualified professional. The plan of care for these services should reflect family needs, services to be provided and the frequency of services.
2. Dietary counseling. Dietary counseling, when required, must be provided by a qualified individual.
3. Spiritual counseling. Spiritual counseling must include notice as to the availability of clergy.
4. Additional counseling. Counseling may be provided by other members of the interdisciplinary group as well as by other qualified professionals as determined by the hospice program.

Texas:

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TX Chapter 97, Subchapter A, Rule§97.2 (32) Dietician - A person who is currently licensed under the laws of the State of Texas to use the title of licensed dietitian or provisional licensed dietitian or who is registered dietitian.

Rule§97.2 Definitions (55) Nutritional counseling--Advising and assisting individuals or families on appropriate nutritional intake by integrating information from the nutrition assessment with information on food and other sources of nutrients and meal preparation consistent with cultural background and socioeconomic status, with the goal being health promotion, disease prevention, and nutrition education. Nutritional counseling may include the following:

(A) dialogue with the client to discuss current eating habits, exercise habits, food budget, and problems with food preparation;

(B) discussion of dietary needs to help the client understand why certain foods should be included or excluded from the client's diet and to help with adjustment to the new or revised or existing diet plan;

(C) a personalized written diet plan as ordered by the client's physician or practitioner, to include instructions for implementation;

(D) providing the client with motivation to help the client understand and appreciate the importance of the diet plan in getting and staying healthy; or

(E) working with the client or the client's family members by recommending ideas for meal planning, food budget planning, and appropriate food gifts.

TX Chapter 97, Subchapter D Rule §97.403 (l) The hospice must document reasonable efforts to arrange for visits of clergy and other members of spiritual and religious organizations in the community to clients who request such visits and must advise all clients of this opportunity.

Chapter 97, Subchapter A, Rule §97.403 (q) Counseling services must be available to both the client and the family. Counseling includes dietary, spiritual, and any other counseling services for the client and family provided while the client is enrolled in the hospice program as well as bereavement counseling provided after the client's death.

(1) Bereavement counseling service must be available to the family.

(A) There must be an organized program for the provision of bereavement services under the supervision of the interdisciplinary team, a social worker, a mental health professional, a counselor, or other person with documented evidence of training and experience in dealing with bereavement and structured training in bereavement counseling. Persons providing bereavement counseling must have documented evidence of training in personnel folders.

(B) The plan of care for these services must reflect family needs, as well as a clear delineation of services to be provided and the frequency of service delivery. Services must be provided up to one year following the death of the client.

(2) Dietary counseling must be planned by a registered or licensed dietitian, a person who is eligible for registration by the American Dietetic Association, or an individual specific who has documented equivalency in education or training. Dietary counseling must meet specific client needs as described in the client's plan of care. Although dietitian need be a full-time employee, there must be a record of this individual's credentials on file in the hospice. (3) Spiritual counseling must include notice to clients as to the availability of clergy as required under subsection (l) of this section. Spiritual counseling may be conducted by clergy or other members of a spiritual and religious organization of the client's choice.

(4) Counseling may be provided by other members of the interdisciplinary team as well as by other professionals qualified by license or education to perform the type of counseling provided as determined by the hospice. Counseling, other than bereavement, dietary, or spiritual must be provided by persons qualified by license or education to perform the type of counseling to be provided in accordance with the client's plan of care. The counseling requirements do not preclude other members of the interdisciplinary team or other professionals from serving in the capacity of counselor. Nonprofessional volunteers may be used for listening and social interaction

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with clients.

Virginia:

12VAC5-391-370. Spiritual counseling and bereavement services.

A. The hospice program shall provide for the delivery of spiritual counseling and bereavement services that reflect the family's needs and desires and are delivered according to the overall plan of care.

B. Spiritual counseling may be provided through a working arrangement with individual clergy, clergy associations and other religious programs in the community or by clergy employed by the hospice program.

C. The hospice program shall provide bereavement services to the family for a minimum of one year after the patient's death.

D. The hospice program shall maintain a list of individuals who provide spiritual and bereavement services. The list shall be made available, upon request to patients, families, hospice program employees and contractors.

E. Arrangements for and delivery of spiritual counseling and bereavement services shall be documented in the patient's record.

12VAC5-391-380. Dietary or nutritional counseling

Dietary or nutritional counselors shall meet the requirements of 18VAC75-30 pursuant to Chapter 27.1 (§54.1-2730 et seq.) of Title 54.1 of the Code of Virginia and have at least two years experience in a health care food or nutrition delivery system.

West Virginia:

10.4.a. A bereavement assessment of survivor risk factors shall be completed after a patient's admission to hospice and updated at the patient's death.

10.4.b. The bereavement care plan shall be established for those survivors requesting bereavement care within six (6) week after a patient's death.

10.4.c. The bereavement care plan shall contain information about who shall receive bereavement services, how often services are to be provided, and what services will be offered.

10.4.c.1. Bereavement services may also extend to residents and employees of a skilled nursing facility, nursing facility, immediate care facility for the mentally retarded or other facility identified in the bereavement plan of care

10.4.d. The bereavement care plan shall be updated as needed

10.4.e. If the hospice discharges survivors from bereavement services before the twelve (12) months expire, the hospice shall justify and document the changes