

REGULATIONS, STANDARDS AND GUIDELINES ON HOSPICE BEREAVEMENT CARE

Medicare Regulations (2008)

Standard 418.3 - Definitions

Bereavement counseling means the 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.

Standard 418.54 – Initial and comprehensive assessment of the patient

The hospice must conduct and document in writing a patient-specific comprehensive assessment that identifies the patient's need for hospice care and services, and the patient's need for physical, psychosocial, emotional, and spiritual care. This assessment includes all areas of hospice care related to the palliation and management of the terminal illness and related conditions.

(b) Standard: Timeframe for completion of the comprehensive assessment.

The interdisciplinary group, in consultation with the individual's attending physician (if any), must complete the comprehensive assessment no later than 5 calendar days after the election of hospice care in accordance with 418.54.

(c) Standard: Content of the comprehensive assessment.

The comprehensive assessment must identify the physical, psychosocial, emotional, and spiritual needs related to the terminal illness that must be addressed in order to promote the hospice patient's well-being, comfort, and dignity throughout the dying process. The comprehensive assessment must take into consideration the following factors:

(7) **Bereavement.** An initial bereavement assessment of the needs of the patient's family and other individuals focusing on the social, spiritual, and cultural factors that may impact their ability to cope with the patient's death. Information gathered from the initial bereavement assessment must be incorporated into the plan of care and considered in the bereavement plan of care.

(d) Standard: Update of the comprehensive assessment.

The update of the comprehensive assessment must be accomplished by the hospice interdisciplinary group (in collaboration with the individual's attending physician, if any) and must consider changes that have taken place since the initial assessment. It must include information on the patient's progress toward desired outcomes, as well as a reassessment of the patient's response to care. The assessment update must be accomplished as frequently as the condition of the patient requires, but no less frequently than every 15 days.

Standard 418.64 - Condition of participation: Core services

*(d)(1) Standard: **Bereavement counseling.***

The hospice must:

- (i) Have an organized program for the provision of bereavement services under the supervision of a qualified professional with experience or education in grief or loss counseling.
- (ii) Make bereavement services available to the family and other individuals in the bereavement plan of care up to 1 year following the death of the patient. Bereavement counseling also extends to residents of a SNF/NF or ICF/MR when appropriate and identified in the bereavement plan of care.
- (iii) Ensure that bereavement services reflect the needs of the bereaved.
- (iv) Develop a bereavement plan of care that notes the kind of bereavement services to be offered and the frequency of service delivery. A special coverage provision for bereavement counseling is specified in *Standard 218.204(c)*.

Standard 218.204 – Special coverage requirements

*(c)Standard: **Bereavement counseling.***

Bereavement counseling is a required hospice service but is not reimbursable.

National Hospice and Palliative Care Organization Standards (2010)

Principle: Addressing issues related to loss, grief and bereavement begins at the time of admission to the hospice with the initial assessment and continues throughout the course of care. Bereavement services are provided to help patients, families and caregivers cope with the multitude of losses that occur during the illness and eventual death of the patient. Bereavement services are offered based on a number of factors including the individual assessment, intensity of grief, coping ability of the survivors and their needs, as perceived by each patient, family and caregiver.

Standard: PFC 17 The hospice has a defined bereavement program and provides care for a minimum of 13 months following the death of the patient.

PFC 17.1 The hospice has bereavement policies and procedure that define the scope of bereavement care provided and that incorporates confidentiality issues and mechanisms to assure that the family and caregiver choices regarding bereavement contact are honored.

PFC 17.2 The hospice bereavement policies specify the services to be consistently provided within specific time frames during the course of bereavement care.

PFC 17.3 The hospice bereavement program clearly delineates the nature of counseling services to be provided within specific time frames and the limitations of such services.

PFC 17.4 The hospice has a defined and ongoing method of evaluating the outcomes and effectiveness of services provided.

Standard: PFC 18 Hospice patients and all significant family members and caregivers are assessed for grief and bereavement needs.

PFC 18.1 Survivor risk and bereavement assessment tools are utilized by the hospice from admission throughout the course of care.

PFC 18.2 Hospice staff identify, document and address the patient's family's and caregiver's needs and goals related to anticipatory mourning (before death) and bereavement (following death).

PFC 18.3 Each assessment and reassessment includes a documented evaluation of the bereavement needs, the hospice's response to assessed needs and the bereaved's response to services provided.

Standard: PFC 19 A plan of care that includes bereavement needs, interventions, goals and outcomes is developed and documented for families and caregivers.

PFC 19.1 Goals and outcomes related to bereavement care are part of the ongoing care planning process, and are determined by family and caregivers in collaboration with the interdisciplinary team/bereavement staff.

PFC 19.2 Bereavement needs, services and interventions are documented in the clinical record.

PFC 19.3 Routine bereavement services are available and offered to the family and caregiver regardless of risk factors.

PFC 19.4 Family members and caregivers whose needs are assessed to be beyond the scope of the hospice bereavement program are referred to appropriate community agencies and/or practitioners..

Standard: PFC 20 The hospice utilizes qualified staff and volunteers to provide bereavement services.

PFC 20.1 Bereavement services are managed and coordinated by qualified, professional hospice staff with education and training appropriate to the position's responsibilities.

PFC 20.2 Bereavement services are provided by appropriate hospice staff and volunteers who receive routine clinical supervision by qualified professionals.

Standard: IA 3 Bereavement education and supportive services are offered to the community at large.

IA 3.1 The hospice is recognized as a community education and resource for bereavement.

IA 3.2 Bereavement services are accessible to anyone in need of support, regardless of whether they received hospice services.

IA 3.3 Bereavement expertise is offered to community members and organizations impacted by loss.

IA 3.4 Targeted community education is provided.

Guidelines

Developed in 2002 and revised in 2008, these guidelines enhance the regulations and standards that pertain to bereavement care.