**Section 280.2010 Hospice Services**

a) The hospice care team shall be responsible for ensuring that all services are provided in accordance with the patient care plan. Services shall be provided directly by the hospice or through written contracts with other providers. A comprehensive or volunteer hospice shall comply with the following:

1) *The hospice program shall foster independence of the patient and his*/her *family by providing training, encouragement and support so that the patient and family can care for themselves as much as possible.* (Section 8(f) of the Act).

2) *The hospice program must have functioning hospice care teams that develop the hospice patient plans of care in accordance with the standards for certification under the Medicare program set forth in the Conditions of Participation in 42 CFR 418*. (Section 8(c) of the Act)

3) *A hospice patient's plan of care must be established and maintained for each individual admitted to a hospice program, and the services provided to an individual must be in accordance with the individual's plan of care. The plans of care must be established and maintained in accordance with the standards for certification under the Medicare program set forth in the Conditions of Participation in 42 CFR 418.* (Section 8(c-5) of the Act)

A) Each hospice shall ensure that there is a written plan of care for each patient. The hospice care team shall complete an assessment of the care needs and evaluate the ability of the patient to be cared for in his/her place of residence*.*

B) The plan shall be updated based on ongoing assessments by the hospice care team.

C) The patient care plan shall provide for involvement of the family and others in treatment*.*

D) Each hospice providing services to a patient in both the home setting and the inpatient setting shall have written policies and procedures to share the written plan of care between both settings to facilitate continuity of care*.*

4) *The hospice program's services shall include* *nursing services, medical social work services, bereavement services,* *and volunteer services. These services shall be coordinated with those of the hospice patient's attending physician and shall be substantially provided by hospice program employees. The hospice program must provide these services in a manner consistent with the standards for certification under the Medicare program set forth in the Conditions of Participation in 42 CFR 418.* (Section 8(a) of the Act)

5) *The hospice program must make nursing services, medical social work services, volunteer services and bereavement services available on a 24-hour basis to the extent necessary to meet the needs of individuals for care that is reasonable and necessary for the palliation and management of terminal illness and related conditions. The hospice program must provide these services in a manner consistent with the standards for certification under the Medicare program set forth in the Conditions of Participation in 42 CFR 418.* (Section 8(a) of the Act)

6) *Hospice services, as defined in Section 3* of the Act*, may be furnished in a home or inpatient setting, with the intent of minimizing the length of inpatient care. The home care component shall be the primary form of care and shall be available on a part-time, intermittent, regularly scheduled basis.* (Section 8(a) of the Act)

7) The required hospice services are defined as follows:

A) Nursing Services – Nursing services are responsible for developing and implementing the diagnostic, therapeutic, and rehabilitative plan as prescribed by the patient's attending physician. The nursing staff shall provide care in the patient's place of residence; observe symptoms and reactions; and meet the nursing care needs of the terminally ill. A registered professional nurse shall perform the initial home care assessment. Nursing services shall be provided under the supervision of a registered professional nurse.

B) Medical Social Work Services – Medical social work services shall be made available to the patient/family. An evaluation of the social needs, such as environment, religious background, financial needs, psychosocial needs, family, special activities, and psychological needs shall be conducted. Social services shall be delivered by a social worker.

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)

D) Bereavement Services – Each hospice shall provide bereavement services to the families of hospice patients to the extent desired by the family. Bereavement services may be coordinated with the family's clergy, if any, as well as with other community resources judged by the hospice care team to be useful to the family unless the family declines. *The bereavement services must be provided in accordance with the standards for certification under the Medicare program set forth in the Conditions of Participation in 42 CFR 418*. (Section 8(e) of the Act)

E) Volunteer Services – The hospice program shall use volunteers in day-to-day administration and/or direct patient care roles. *The hospice program shall utilize the services of trained volunteers* *in accordance with the standards for certification under the Medicare program set forth in the Conditions of Participation in 42 CFR 418*. (Section 8(j) of the Act)

F) Alzheimer's Services – The hospice program shall provide Alzheimer's disease and related dementias services in accordance with the Alzheimer's Disease and Related Dementias Act and the Alzheimer's Disease and Related Dementias Services Code.

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 shall 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.

b) *Additional requirements; comprehensive hospice program. In addition to complying with the standards prescribed by the Department under Section 9* of the Act *and complying with all other applicable requirements under* the *Act* and this Part, *a comprehensive hospice program must meet the minimum standards for certification under the Medicare program set forth in the Conditions of Participation in 42 CFR 418.* (Section 8.5 of the Act)

c) *Additional requirements; volunteer hospice program. In addition to complying with the standards prescribed by the Department under Section 9* of the Act *and complying with all other applicable requirements under* the *Act* and this Part, *a volunteer hospice program must do the following:*

1) *Provide hospice care to patients regardless of their ability to pay, with emphasis on the utilization of volunteers to provide services. Nothing in this* subsection (c)(1) *prohibits a volunteer hospice program from employing paid staff, however.*

2) *Provide services not required under Section 8(a)* of the Act *in accordance with generally accepted standards of practice and in accordance with applicable local, State, and federal laws.*

3) *Include the word "Volunteer" in its corporate name and in all verbal and written communications to patients, patients' families and representatives, and the community and public at large.*

4) *Provide information regarding other hospice care providers available in the hospice program's service area.* (Section 8.10 of the Act)

(Source: Amended at 44 Ill. Reg. 12582, effective July 2, 2020)