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§418.56 Condition of participation: Interdisciplinary group, care planning, and coordination of services

The hospice must designate an interdisciplinary group or groups as specified in paragraph (a) of this section which, in consultation with the patient's attending physician, must prepare a written plan of care for each patient. The plan of care must specify the hospice care and services necessary to meet the patient and family-specific needs identified in the comprehensive assessment as such needs relate to the terminal illness and related conditions.

Interpretive Guidelines §418.56

The physician member of the IDG may be the hospice medical director or another hospice physician who is employed by or under contract with the hospice. The nurse, social worker and counselor members of the IDG must be hospice employees or employees of the agency or organization of which the hospice is a sub-division (e.g., a hospital) who are appropriately trained and assigned to the hospice.

There should be a direct link between the needs identified in the patient/family assessment and the plan of care developed by the hospice. Hospices may identify needs in the comprehensive assessment that are not related to the terminal illness and related conditions, and should document that they are aware of these needs and note who is addressing them. Hospices are not required to provide direct services to meet needs unrelated to the terminal illness. Hospices are responsible for including services and treatments in the plan of care that address how they will meet the patient and family-specific needs related to the terminal illness and related conditions.

The medical director and/or other hospice physician is responsible for meeting the medical needs of the patient according to §418.64(a)(3) per the patient's attending physician's request or when the hospice is unable to contact the attending physician to address the patient's medical needs.
