

**Conditions of Participation: Hospice  
Regulatory Changes\***

**Omnibus Burden Reduction (Conditions of Participation) Final Rule CMS-3346-F  
(Effective 11/29/19)**

Tag	Current Regulation	Regulation Change(s)
L609	<p><b><i>§418.76 Condition of Participation: Hospice Aide and Homemaker Services</i></b></p> <p><b><i>§418.76 (a) Standard: Hospice Aide Qualifications</i></b></p> <p>(1) A qualified hospice aide is a person who has successfully completed one of the following:</p> <p>(i) A training program and competency evaluation as specified in paragraphs (b) and (c) of this section respectively.</p> <p>(ii) A competency evaluation program that meets the requirements of paragraph (c) of this section.</p> <p>(iii) A nurse aide training and competency evaluation program approved by the State as meeting the requirements of §483.151 through §483.154 of this chapter, and is currently listed in good standing on the State nurse aide registry.</p> <p>(iv) A State licensure program that meets the requirements of paragraphs (b) and (c) of this section.</p> <p>...*** ...*** ...*** ...*** ...*** ...*** ...*** ...*** ...*** ...***</p>	<p><b><i>Amended by revising paragraph (a)(1)(iv) to read as follows:</i></b></p> <p><b><i>§418.76 (a) Standard: Hospice Aide Qualifications</i></b></p> <p>(1) A qualified hospice aide is a person who has successfully completed one of the following:</p> <p>(i) A training program and competency evaluation as specified in paragraphs (b) and (c) of this section respectively.</p> <p>(ii) A competency evaluation program that meets the requirements of paragraph (c) of this section.</p> <p>(iii) A nurse aide training and competency evaluation program approved by the State as meeting the requirements of §483.151 through §483.154 of this chapter, and is currently listed in good standing on the State nurse aide registry.</p> <p><b><i>(iv) A State licensure program.</i></b></p> <p>...*** ...*** ...*** ...*** ...*** ...*** ...*** ...*** ...*** ...***</p>
L688	<p><b><i>418.106 Condition of participation: Drugs and biologicals, medical supplies, and durable medical equipment.</i></b></p> <p><b><i>§418.106 (a) Standard: Managing drugs and biologicals.</i></b></p> <p>(1) The hospice must ensure that the interdisciplinary group confers with an individual with education and training in drug management as defined in hospice policies and procedures and State law, who is an employee of or under contract with the hospice to ensure that drugs and biologicals meet each patient’s needs.</p>	<p><b><i>Removed paragraph (a)(1) as shown on left; redesignated paragraph (a)(2) as paragraph (a)(1); and adding a new reserved paragraph (a)(2)..</i></b></p> <p><b><i>§418.106 (a) Standard: Managing drugs and biologicals.</i></b></p> <p><b><i>(1) A hospice that provides inpatient care directly in its own facility must provide pharmacy services under the direction of a qualified licensed pharmacist who is an employee of or under contract with the hospice. The provided pharmacist services must include evaluation of a patient’s response to medication therapy, identification of potential adverse drug reactions, and recommended appropriate corrective action.</i></b></p>



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E0013	<p><b><i>§418.113(b) Policies and procedures.</i></b> The hospice must develop and implement emergency preparedness policies and procedures, based on the emergency plan set forth in paragraph (a) of this section, risk assessment at paragraph (a)(1) of this section, and the communication plan at paragraph (c) of this section. The policies and procedures must be reviewed and updated at least annually. At a minimum, the policies and procedures must address the following: ... *** ... *** ... *** ... *** ... *** ... *** ...</p>	<p><b><i>§418.113 (b) Policies and procedures.</i></b> The hospice must develop and implement emergency preparedness policies and procedures, based on the emergency plan set forth in paragraph (a) of this section, risk assessment at paragraph (a)(1) of this section, and the communication plan at paragraph (c) of this section. <b>The policies and procedures must be reviewed and updated at least every 2 years.</b> At a minimum, the policies and procedures must address the following: ... *** ... *** ... *** ... *** ... *** ... *** ...</p>
E0029	<p><b><i>§418.113 (c) Communication plan.</i></b> The hospice must develop and maintain an emergency preparedness communication plan that complies with Federal, State, and local laws and must be reviewed and updated at least annually. The communication plan must include all of the following: ... *** ... *** ... *** ... *** ... *** ... *** ... *** ...</p>	<p><b><i>§418.113 (c) Communication plan.</i></b> The hospice must develop and maintain an emergency preparedness communication plan that complies with Federal, State, and local laws and <b>must be reviewed and updated at least every 2 years.</b> The communication plan must include all of the following: ... *** ... *** ... *** ... *** ... *** ... *** ... *** ...</p>
E0036	<p><b><i>§418.113 (d) Training and testing.</i></b> The hospice must develop and maintain an emergency preparedness training and testing program that is based on the emergency plan set forth in paragraph (a) of this section, risk assessment at paragraph (a)(1) of this section, policies and procedures at paragraph (b) of this section, and the communication plan at paragraph (c) of this section. The training and testing program must be reviewed and updated at least annually.</p>	<p><b><i>§418.113 (d) Training and testing.</i></b> The hospice must develop and maintain an emergency preparedness training and testing program that is based on the emergency plan set forth in paragraph (a) of this section, risk assessment at paragraph (a)(1) of this section, policies and procedures at paragraph (b) of this section, and the communication plan at paragraph (c) of this section. <b>The training and testing program must be reviewed and updated at least every 2 years.</b></p>
E0037	<p><b><i>(1) Training.</i></b> The hospice must do all of the following:</p> <ul style="list-style-type: none"> <li><b>(i)</b> Initial training in emergency preparedness policies and procedures to all new and existing hospice employees, and individuals providing services under arrangement, consistent with their expected roles.</li> <li><b>(ii)</b> Demonstrate staff knowledge of emergency procedures.</li> <li><b>(iii)</b> Provide emergency preparedness training at least annually.</li> <li><b>(iv)</b> Periodically review and rehearse its emergency preparedness plan with hospice employees (including nonemployee staff), with special</li> </ul>	<p><b><i>(1) Training.</i></b> The hospice must do all of the following:</p> <ul style="list-style-type: none"> <li><b>(i)</b> Initial training in emergency preparedness policies and procedures to all new and existing hospice employees, and individuals providing services under arrangement, consistent with their expected roles.</li> <li><b>(ii)</b> Demonstrate staff knowledge of emergency procedures.</li> <li><b>(iii) Provide emergency preparedness training at least every 2 years.</b></li> <li><b>(iv)</b> Periodically review and rehearse its emergency preparedness plan with hospice employees (including nonemployee staff), with special</li> </ul>

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<p><b>E0037</b> (continued)</p>	<p>emphasis placed on carrying out the procedures necessary to protect patients and others.</p> <p><b>(v)</b> Maintain documentation of all emergency preparedness training</p>	<p>emphasis placed on carrying out the procedures necessary to protect patients and others.</p> <p><b>(v)</b> Maintain documentation of all emergency preparedness training.</p> <p><b>(vi) If the emergency preparedness policies and procedures are significantly updated, the hospice must conduct training on the updated policies and procedures.</b></p>
<p><b>E0039</b></p>	<p><b>(2) Testing.</b> The hospice must conduct exercises to test the emergency plan at least annually. The hospice must do the following:</p> <p>(i) Participate in a full-scale exercise that is community-based or when a community-based exercise is not accessible, an individual, facility-based. If the hospice experiences an actual natural or man-made emergency that requires activation of the emergency plan, the HOSPICE is exempt from engaging in a community-based or individual, facility-based full-scale exercise for 1 year following the onset of the actual event.</p> <p>(ii) Conduct an additional exercise that may include, but is not limited to the following:</p> <p>(A) A second full-scale exercise that is community-based or individual, facility-based.</p> <p>(B) A tabletop exercise that includes a group discussion led by a facilitator, using a narrated, clinically-relevant emergency scenario, and a set of problem statements, directed messages, or prepared questions designed to challenge an emergency plan.</p> <p>(iii) Analyze the hospice’s response to and maintain documentation of all drills, tabletop exercises, and emergency events, and revise the hospice’s emergency plan as needed.</p>	<p><b>(2) Testing for hospices that provide care in the patient’s home.</b> The hospice must conduct exercises to test the emergency plan at least annually. The hospice must do the following:</p> <p><b>(i) Participate in a full-scale exercise that is community-based every 2 years; or</b>  <b>(A) When a community-based exercise is not accessible, conduct an individual, facility-based functional exercise every 2 years; or</b>  <b>(B) If the hospice experiences a natural or man-made emergency that requires activation of the emergency plan, the hospice is exempt from engaging in its next required full-scale community-based exercise or individual, facility-based functional exercise following the on-set of the emergency event.</b></p> <p><b>(ii) Conduct an additional exercise every 2 years, opposite the year the full scale exercise or functional exercise under paragraph (d)(2)(i) of this section is conducted, that may include, but is not limited to the following:</b></p> <p><b>(A) A second full-scale exercise that is community-based or a facility-based functional exercise; or</b></p> <p><b>(B) A mock disaster drill; or</b></p>

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		<p><b>(C) A tabletop exercise or workshop that is led by a facilitator and includes a group discussion,</b> using a narrated, clinically relevant emergency scenario, and a set of problem statements, directed messages, or prepared questions designed to challenge an emergency plan.</p> <p><b>(3) Testing for hospices that provide inpatient care directly.</b> The hospice must conduct exercises to test the emergency plan twice per year. The hospice must do the following:</p> <p>(i) Participate in an annual full-scale exercise that is community-based; or</p> <p>(A) When a community-based exercise is not accessible, conduct an annual individual facility based functional exercise; or</p> <p>(B) If the hospice experiences a natural or man-made emergency that requires activation of the emergency plan, the hospice is exempt from engaging in its next required full-scale community-based or facility-based functional exercise following the onset of the emergency event.</p> <p>(ii) Conduct an additional annual exercise that may include but is not limited to the following:</p> <p>(A) A second full-scale exercise that is community-based or a facility-based functional exercise; or</p> <p>(B) A mock disaster drill; or</p> <p>(C) A table top exercise or workshop led by a facilitator that includes a group discussion using a narrated, clinically-relevant emergency scenario, and a set of problem statements, directed messages, or prepared questions designed to challenge an emergency plan.</p> <p>(iii) Analyze the hospice’s response to and maintain documentation of all drills, tabletop exercises, and emergency events, and revise the hospice’s emergency plan as needed.</p>
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\*Comparison developed for training purposes only by:  
Missouri Department of Health & Senior Services  
Bureau of Home Care & Rehabilitative Standards  
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