

- 1. Leadership and Responsibility in Hospice**
- 2. Orientation, Preceptors and Competencies**
 - 2a. Sample Hospice Case Manager Orientation Timeline**
 - 2b. Manager/Orientees Orientation Checklist**
 - 2c. Sample Hospice Case Manager Orientation Checklist**
 - 2d. Sample Case Management Competencies**
 - 2e. Specialized Hospice RN Competencies**
 - 2f. Sample Competency Checklist for the Case Manager**
 - 2g. Sample Competency Checklist for the Psychosocial Counselor**
 - 2h. Sample Competency Checklist for the Spiritual Counselor**
 - 2i. Sample Competency Assessment Policy**
- 3. Eligibility Requirements**
 - 3a. Sample Hospice Appropriateness Worksheet**
- 4. The Local Coverage Determinations (LCDs)**
- 5. Patient Rights**
- 6. Complaint Process**
- 7. Pain and Symptom Management**
- 8. Decline in Clinical Status**
- 9. Death, Dying and Bereavement**
- 10. Election of Hospice Care (NOE)**
 - 10a. Sample Election of Hospice Care Form**
- 11. Duration of Election Periods**
- 12. Certification of Terminal Illness (COTI)**
 - 12a. Physician's COTI for Medicare Hospice Benefit 90-Day Benefit Periods**
 - 12b. Physician's COTI for Medicare Hospice Benefit 60-Day Benefit Periods**
- 13. Face-To-Face Encounter**
 - 13a. Hospice Face-to-Face Encounter Determination of Continued Eligibility for Hospice Care**
- 14. Admission to Hospice Care**
 - 14a. Sample Hospice Referral Form**
- 15. Initial Assessment and Comprehensive Assessment**
- 16. Physician Orders**

- 17. Core and Non-Core Services**
- 18. Hospice Aide and Homemaker Services**
- 19. Licensed Professional Services**
- 20. Interdisciplinary Group, Care Planning and Coordination of Services**
 - 20a. Sample Signature Page**
- 21. Plan of Care (POC)**
 - 21a. Sample Interdisciplinary Group Plan of Care Alteration in Comfort/Pain Form**
- 22. Care Coordination**
- 23. The Home Visit**
- 24. Visit Frequencies**
- 25. Levels of Care**
- 26. Care in Facilities**
- 27. Quality Assessment and Performance Improvement (QAPI)**
- 28. Hospice Medical Record Audits**
- 29. Oversight of Clinical Records**
- 30. Change in Designated Attending Physician**
- 31. Revoking Hospice Care**
 - 31a. Sample Hospice Medicare Benefit Revocation Form**
- 32. Change of Designated Hospice**
- 33. Discharge from Hospice Care**
- 34. Advance Beneficiary Notice and Notice of Medicare Non-Coverage**
 - 34a. CMS ABN Form and Instructions**
 - 34b. CMS Notice of Medicare Non-Coverage Form**
 - 34c. CMS Notice of Medicare Non-Coverage Form Instructions**
 - 34d. CMS Detailed Explanation of Non-Coverage Form**
 - 34e. CMS Detailed Explanation of Non-Coverage Form Instructions**
- 35. Department of Health Surveys**

Resources:

Hospice Standards of Practice
Regulatory Scrutiny
Survey Checklist
Common Hospice Survey Deficiencies