§418.56 - 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.

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.

Probes §418.56
Ask the hospice how it assures that a written plan of care is developed for each patient with full participation of the IDG members in consultation with the patient’s attending physician, if any.
Request documentation that verifies that all IDG members participated in each patient-specific written plan of care.

§418.56 - 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
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.

§418.56(a) Standard: Approach to service delivery
(1) The hospice must designate an interdisciplinary group or groups composed of individuals who work together to meet the physical, medical, psychosocial, emotional, and spiritual needs of the hospice patients and families facing terminal illness and bereavement. Interdisciplinary group members must provide the care and services offered by the hospice, and the group, in its entirety, must supervise the care and services.

Interpretive Guidelines §418.56(a)(1)
Members of the IDG must be appropriately trained in the hospice philosophy and competent to perform in their assigned area(s). The hospice may involve other members of the care team in the IDG’s activities. “Supervision” of care by the IDG members may be accomplished by face-to-face or telephonic conferences, evaluations, discussions and general oversight, as well as by direct observations.

**Procedures §418.56(a)(1)**
Ask the RN coordinator to describe the hospice’s system related to:

- Developing and revising patient care goals/objectives.
- Facilitating exchange of information among staff and patient/caregiver.
- Developing a mechanism whereby a continual flow of information regarding patient/family needs are made available to the IDG staff.

L540
(Rev. 69, Issued: 12-15-10, Effective: 10-01-10, Implementation: 10-01-10)
§418.56(a)(1) - The hospice must designate a registered nurse that is a member of the interdisciplinary group to provide coordination of care and to ensure continuous assessment of each patient’s and family's needs and implementation of the interdisciplinary plan of care.

**Procedures and Probes §418.56(a)(1)**
- Ask the administrator to identify the individual(s) designated as the RN coordinator(s).
- How does this person assure that coordination of care and continuous assessment of needs occur among staff providing services to the patient/family so that all members of the IDG are kept informed of the patient/family’s status?

L541
(Rev. 69, Issued: 12-15-10, Effective: 10-01-10, Implementation: 10-01-10)
§418.56(a)(1) - The interdisciplinary group must include, but is not limited to, individuals who are qualified and competent to practice in the following professional roles:

(i) A doctor of medicine or osteopathy (who is an employee or under contract with the hospice).
(ii) A registered nurse.
(iii) A social worker.
(iv) A pastoral or other counselor.

**Interpretive Guidelines §418.56(a)(1)(i)-(iv)**
The number of individuals on the IDG is not as important as their qualifications and abilities. For example, if a group member meets the hospice criteria and is licensed as a registered nurse and also meets the Medicare criteria to be considered a social worker under the hospice benefit, he/she would be qualified to serve on the IDG as both a nurse and a social worker.

**Procedures §418.56(a)(1)(i)-(iv)**
Determine through interview, observation and record review that all disciplines comprising the IDG contribute to the patient’s comprehensive and ongoing assessments and care planning process.

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