# 10-144 DEPARTMENT OF HUMAN SERVICES

BUREAU OF MEDICAL SERVICES

DIVISION OF LICENSING AND CERTIFICATION

CHAPTER 120: REGULATIONS GOVERNING THE LICENSING AND FUNCTIONING OF HOSPICE PROGRAMS

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CHAPTER 1: DEFINITIONS

The following terms used in these regulations shall have the following meanings:

1. BEREAVEMENT SERVICES: Means emotional support services related to the death of a family member, including, but not limited to, counseling provision of written material, social reorientation and group support for up to one year following the death of the client who was terminally ill. Bereavement services must be consistent with the bereavement care plan.

2. CARE PLAN: Means a written service delivery plan that the interdisciplinary team, in conjunction with the client, shall develop to reflect the changing care needs of the client. A care plan must specify what hospice services are needed and how they will be delivered.

3. CLIENT: Means the person who is receiving the hospice services.

4. COMMISSIONER: Means the Commissioner of the Department of Human Services.

5. COUNCIL: Means the Maine Hospice Council established by M.R.S.A. 22, Chapter 1680, Section 861 1.

6. DEEMING: A Medicare certified hospice is deemed to meet licensure requirements for a hospice program if it attests in writing that it met all State licensing requirements.

7. DEPARTMENT: Means the Maine Department of Human Services.

8. DIRECT SERVICE PROVIDER: Means an employee or volunteer who provides hospices services directly to a client.

9. DURABLE HEALTH CARE POWER OF ATTORNEY: Has the same meaning as contained in Chapter 44, Public Law, Section 1, 18-A, Part 7, Sections 5-701, 702 and 707.

10. FAMILY: Means a spouse, primary caregiver, biological relative(s) and/or individual(s) with close personal ties to the patient.

11. FTE: Means full time equivalent position. In order to calculate the number of full time equivalent employees, a standard of at least 37 1/2 hours per week will be utilized. AD full and part-time employees of the Hospice Provider, including administrative, business, clerical and direct service providers will be included in the calculation of an agency's full-time equivalency figure.

12. GOVERNING BODY: Means the entity that establishes policy and is legally responsible for the overall operation of a hospice program.

13. HOSPICE PHILOSOPHY: Means a philosophy of palliative care for individuals and families during the process of dying and bereavement. Hospice philosophy' is life affirming and strengthens the client's role in making informed decisions about care. "Hospice philosophy" stresses the delivery of services in the least restrictive setting possible and with the least amount of technology necessary by volunteers and professionals who are trained to help clients with the physical, social, psychological, spiritual and emotional needs related to terminal illness.

14. HOSPICE PROGRAM OR HOSPICE PROVIDER: Means a distinct, clearly recognizable entity that exists to provide hospice services. Also known as the "Licensee".

15. HOSPICE SERVICES: Means a range of interdisciplinary services provided 24 hours a day, 7 days a week to a person who is terminally ill and that person's family. Hospice services must be delivered in accordance with hospice philosophy.

16. INPATIENT HOSPICE: Means a hospice must be engaged in providing care and services in accordance with Medicare Certification as a hospice.

17. INTERDISCIPLINARY TEAM: For a hospice providing comprehensive services, "interdisciplinary team" means a group comprised of at least a medical director, a licensed nurse, a licensed social worker, a pastoral or other counselor and a volunteer coordinator or representative. For a volunteer hospice program, "interdisciplinary team" means a regularly scheduled case conference as defined by program policy. The client, and the client's family if the client desires, must be given the opportunity and encouragement to attend interdisciplinary team meetings.

18. LICENSING AUTHORITY: Means the Division of Licensing and Certification.

19. MEDICAL DIRECTOR: Means a licensed physician who oversees the medical components of hospice services and serves on the team

20. NURSE SUPERVISOR: Means a licensed professional registered nurse with at least one (1) year experience and training in hospice nursing care who is designated by the program director to oversee nursing services for the hospice program.

21. PRIMARY PHYSICIAN: Means the physician identified by the client, or by the person authorized to make decisions for the client, pursuant to a durable health care power of attorney.

22. PROGRAM DIRECTOR: Means the person designated by the governing body of a hospice program as responsible for the day-to-day operations of the program.

23. STATEMENT OF DEFICIENCIES: Means a listing of regulatory violations.

24. TERMINALLY ILL: Means that a person has a limited life expectancy in the opinion of the person's primary physician or the medical director.

25. VOLUNTEER: Means a trained individual who works for a hospice program without compensation.

26. VOLUNTEER HOSPICE PROGRAM: Means a hospice program that provides all direct patient care at no charge.

CHAPTER 2: LICENSING APPLICATION PROCEDURES

2.A. Requirements

2.A.1. No Hospice Provider may provide hospice care services without receiving a license from the Department, authorizing such services or operation.

2.A.2. No Hospice Provider shall accept any remuneration for delivering hospice services without having first secured. a license authorizing its operation in accordance with these regulations.

2.A.3 Beginning July 1, 1996, any hospice program, except a volunteer hospice program, must be Medicare certified and meet Medicare requirements to be eligible for licensure as a hospice program.

2.B. Application Procedure

2.B.1. Filing of Application

Any person, partnership association or corporation desiring a license to engage in hospice services shall, prior to the commencement of such operation, file an application with the Department. Applications submitted on behalf of a corporation or association shall be made by any two officers thereof or by its administrator. All applicants shall comply with the rules and regulations adopted pursuant to Title 22 MRSA, §2141 et seq. The applicant shall comply with all other applicable Maine Statutes and rules and regulations.

2.B.2. Contents of Application

Each application shall contain:

a. The name by which the Hospice Provider is to be legally known and the name under which it shall be doing business;

b. A description of all facilities utilized by the Hospice Provider. This will include the address(es), telephone number(s) and name of owner(s) of all buildings utilized by the Hospice Provider,

c. A listing of hospice services provided by the Hospice Provider,

d. For proprietary corporations: the full name and address of each person, firm or corporation having (directly or indirectly) an ownership interest of 5% or more in the agency,

e. For business entities with one owner or business partnerships: the full name and address of the owner or of each partner,

f. For not-for-profit organizations: the full name and address of the President of the Board of Directors or appropriate municipal government representative;

g. The name, home address, home telephone number and office telephone numbers of the individual designated by the applicant as the program director of the Hospice Provider,

h. The name of the Director of Nursing,

i. The number of full time equivalent staff

2.C. Fees

2.C.1. Each initial application under this chapter shall be accompanied by a $200.00 fee. Thereafter, an annual fee of $200.00 shall be assessed.

All licenses issued shall be renewed every two years upon payment of the appropriate fee upon demonstration of continued compliance with these rules and regulations.

2.C.2. No such fee shall be refunded.

2.C.3. Change in Ownership of a Hospice Provider

a. No license shall be assigned or transferred.

b. At least thirty (30) days advance written notice shall be given to the Division of Licensing and Certification, Bureau of Medical Services prior to the transfer of ownership of any hospice agency.

c. Each application for a license from a new owner shall be accompanied by a statement from the previous owner or his duly authorized representative concerning the change of ownership. In lieu of this statement, a copy of the deed or other validating document shall be submitted. In addition, an application fee of $200.00 shall be submitted to the Department. When the ownership of a Hospice Provider changes, upon receipt of a completed application and fee, the Department may issue a license

2.D. Compliance with All Local, State and Federal Regulations

2.D.1. The applicant shall submit a letter from the appropriate municipal official(s) that demonstrates compliance with all local ordinances relative to zoning and building codes and a certificate of occupancy, if appropriate, which includes electrical and fife safety code compliance.

2.D.2. The applicant will submit proof of a Clinical Laboratory number (if appropriate) under the Clinical Laboratory Improvement Amendments of 1988.

2.D.3. The applicant will submit proof of a Department of Environmental Protection number, if appropriate, regarding disposition of biomedical waste.

2.D.4. A person who enters a hospice program must be given information regarding durable health care power of attorney.

2.E. Posting of License

The license granted by the Department shall be conspicuously posted in an area where business is conducted/coordinated for Hospice Providers.

2.F. Changes in Licensed Hospice Services

2F.1. Each Hospice provider will notify the Division of Licensing and Certification, in writing of any changes in:

a. Ownership;

b. Scope and nature of services provided;

c. Relocation or change of business address and telephone;

d. Administrator, and

e. Deeming.

2.F.2. Licenses

If, after receiving an application for a license, the Department finds that all the conditions of licensure are met, it shall issue a license to the applicant for a period of one (1) year. If the Department finds less than full compliance with the conditions of licensure, it may issue a conditional license.

The Department may issue a conditional license if the applicant fails to comply with applicable laws and rules, but the best interest of the public would be served by issuing a conditional license. The conditional license must specify when and what corrections must be made during the term of the conditional license.

When an applicant fails to comply with applicable laws and rules, the Department may refuse to issue or renew the license.

Licenses cannot be sold or transferred.

2.G. Types of Licenses Issued

The Department will issue the following types of licenses to Hospice Providers:

2.G.1. Provisional License -- The Department will issue a provisional license to all Hospice Providers who have completed an application and paid the initial annual fee. The Department will, thereafter, issue a full or conditional license upon on-site review of the Hospice Provider.

2.G.2. Full License -- Effective for the period of twenty-four (24) months to an applicant who complies with all applicable laws and rules.

2.G.3. Conditional License -- Effective for a specific period not to exceed one (1) year to an applicant who has not fully complied with all applicable laws and rules, and in the judgment of the Commissioner, the best interest of the public would be so served by issuing a conditional license

2.G.4. The decision to grant a conditional license can be made by the Commissioner at the time of application for an initial license, at the expiration of a full license or during the term of a full license.

2.G.5. The conditional license shall specify when and what corrections shall be made during the term of the conditional license.

2.H. Specifications of License

2.H.1. Each license issued by the Department shall identify:

a. The name of the Hospice Provider,

b. The name of the Administrator,

c. The geographical location;

d. The type of hospice care services provided;

e. The period of licensure and date of licensure expiration, and

f. The date issued and the type of license.

CHAPTER 3: LOSS OF, RENEWAL, AND CONDITIONAL LICENSES

3.A. Refusal to Issue a License

3.A.1. The Department may refuse to issue a license to the applicant if it finds that any or all of the following conditions exist:

a. The Department finds that the information submitted in the application is incorrect or incomplete,

b. The applicant does not meet all requirements of these laws and regulations;

c. The applicant has violated applicable laws and rules and regulations and the Department finds that these practices of the agency are detrimental to the welfare of persons to whom hospice services are provided.

3.B. Right of Entry and Inspection

3.B.1. Any duly designated employee of the Department shall have the right to enter upon and into the premises of any Hospice Provider who has applied for a license or who is licensed pursuant to these rules and regulations. The Department can inspect relevant Provider documents to determine whether the Provider is in compliance with these rules and regulations. The right of entry and inspection shall extend to any premises and documents of Providers who the Department has reason to believe are providing hospice services without a license. Such entries or inspections shall be made with permission of the owner or person in charge unless a wan-ant is first obtained from the District Court authorizing that entry or inspection (22 MRSA §2148). Any duly designated employee of the Department, with the permission of the patient, may also make patient home visits at his/her discretion.

3.B.2. Application for licensure, whether initial or renewal, shall constitute permission for entry into, and survey of, a Hospice Provider by authorized licensing authority representatives at reasonable times, during pendency of the application and, if licensed, during the licensure period.

3.B.3. Surveys may be announced or unannounced at the sole discretion of the Division of Licensing and Certification. All complaint investigations will be unannounced.

3.B.4. Upon receipt of a Statement of Deficiency from the Division of Licensing and Certification, the licensee or his/her representative will be required to submit a Plan of Correction to the Division of Licensing and Certification within ten (10) working days of receipt stating how the Hospice Provider intends to correct each violation noted and the expected date of completion.

3.B.5. The Division of licensing and Certification may, at its sole discretion, accept the Plan of Correction as written or request modification of the plan by the licensee.

3.B.6. Regardless of the term of the license, the Department shall monitor for continued compliance with applicable laws and rules.

3.B.7. Inspections

The Department shall inspect the Hospice Provider every two (2) years, except that State inspections need not be performed during a year when a Medicare certification survey is performed.

3.B.8. A Hospice Provider is not eligible for licensure or renewal of licensure unless the hospice program has had a Medicare survey or a State licensure survey within the previous three (3) years.

3.B.9. Reporting of Abuse, Neglect or Misappropriation of Client and/or Client's Property

a. The Hospice Provider must ensure that all staff are knowledgeable of the Adult Protective Services Act, 22 M.R.S.A., §3477 - 3479A, and that all alleged violations involving mistreatment. neglect and abuse, including injuries of unknown source, and/or misappropriation of client property, are reported immediately, through established procedures, to the Program Director of the Hospice Provider and to the officials; in accordance with the State law.

b. A procedure must be established by the Hospice Provider for review, within two (2) business days, of each complaint received by the administrator and/or any designated member of the Hospice staff A report of findings and action taken shall be prepared and submitted to the Quality Assurance Committee or other appropriate committee, and be available for review upon request by the Department.

c. The Hospice Provider must have evidence that all alleged employee violations are thoroughly investigated in a timely manner. Polities must address administrative procedures to be implemented to prevent further potential violations while the investigation is in progress.

d. The results of all investigations conducted in-house must be reported to the program director, administrator or his/her designated representative and to other officials in accordance with State law. If the alleged violation is verified, appropriate corrective action must be taken. AU reports must be made available to the Department upon request.

3.C. Renewal of License

3.C.1. The Department will send the Hospice Provider a renewal application at least My (50) calendar days prior to the expiration of the Hospice license. This application shall be completed and submitted to the Department at least twenty (20) calendar days prior to the expiration of the license. The Department shall review the renewal application to ensure that it is consistent with these rules and regulations.

3.C.2. Based upon its review, Department staff will inform the Hospice Provider of its decision to:

a. Renew the license annually;

b. Grant the Hospice Provider a conditional license, or

c. Refuse to issue the applicant a new license.

3.D. Suspension or Revocation of License

3.D.1. The Department may recommend suspension or revocation of any license issued pursuant to 22 MRSA §2141 et seq., for violation of applicable laws and rules committing, permitting, aiding or abetting any illegal practices in the operation of the provider or conduct or practices detrimental to the welfare of persons to whom hospice services are provided.

3.D.2. When the Department believes that a license should be suspended or revoked, it shall file a complaint with the Administrative Court in accordance with Title 4 MRSA, §§ I 151 et seq. or the Maine Administrative Procedure Act, Title 5 MRSA, § 10051 et seq.

3.D.3. Upon suspension or revocation of a license, the license shall be immediately surrendered to the Department.

3.E. Emergency Revocation or Suspension of License

Whenever the Department determines that the health or physical safety of a person is in immediate jeopardy, and action in accordance with 5 MRSA, §9051 et seq. would fail to respond to a known risk, the Department, in accordance with 4 MRSA §1153, may file a complaint with the Administrative Court to temporarily revoke or suspend a Hospice Provider license.

3.E.1. Receivership

Pursuant to 22 M.R.S.A., Section 7931 *et seq*., the Department may petition the Superior Court to appoint a receiver to operate a Hospice Program in the following circumstances:

1. When the Hospice Program intends to close, but has not arranged at least thirty (30) days prior to closure for the orderly transfer of its patients/clients;

Eff. April 1,

2000 2. When an emergency exists in a Hospice Program which threatens the health, security or welfare of patient/clients;

3. When the Hospice Program is in substantial or habitual violation of the standards of health, safety or patient/client care established under State or Federal regulations to the detriment of the welfare of the patient/client.

3.F. Appeals

Any person aggrieved by the Department's decision to take any of the following actions may request an administrative hearing as provided by the Maine Administrative Procedure Act, Title 5 MRSA, §9051 et seq.:

3.F.1. Issue a conditional license;

3.F.2. Amend or modify a license, or

3.F.3. Refuse to issue or renew a full license.

3.G. Public Notice

If a license is revoked, suspended or not renewed, the Department will advise the public of such action. This public notice will be in the form of a paid legal notice in the local newspaper(s), published within fifteen (I 5) days following the suspension or revocation of the license.

CHAPTER 4: ADMINISTRATION

4.A. Organizational Structure and Lines of Authority

4.A.1. All Hospice Providers will identify, in writing the services provided, administrative control, and lines of authority for the delegation of responsibility down to the patient/client care level. A policy and procedure manual(s), including patient care protocols, for the organization and operation of the facility shall be established, implemented and reviewed at least annually. Each review of the manual(s) shall be documented. This written material shall be maintained at the Hospice Provider's office so that Department staff can examine it during licensing survey visits. This material will include:

a. A statement describing the organizational goal(s) of the Hospice Provider, its philosophy and objectives and the services provided by the agency;

b. An organizational diagram delineating the fines of responsibility and accountability so as to ensure continuity of care down to the patients, including any subunits of the Hospice Provider;

c. Job descriptions of employees. The job descriptions shall include the qualifications necessary for the position, an outline of the scope of duties, competencies, responsibilities and accountability required of employees in that position;

d. A description of the orientation programs provided for employees directly employed by the Hospice Provider,

e. If the organization has an advisory or governing body, a set of bylaws specifying the following will be required:

1. Membership;

2. Authority,

3. Administration's role;

4. Frequency of meetings; and

5. Recorded minutes.

The bylaws shall be adopted and updated as deemed necessary by the advisory or governing body.

4.B. Business Records

4.B.1. Business records of the Hospice Provider shall be kept and retained in a manner consistent with all applicable city, State and Federal laws, ordinances and regulations with proper audit trails available. Business records, contracts, and newspaper advertisements will be retained for a minimum of five (5) years.

4.B.2. Copies of the current licenses of all licensed health professionals employed directly or through a contractual relationship with the Hospice Provider shall be maintained by the Hospice Provider. Certificates verifying completion of applicable training courses for all certified nursing assistants and home health aides employed directly or through a contractual relationship by the Hospice Provider shall also be maintained by the Hospice Provider.

4.B.3. The Hospice Provider shall keep a personnel file for each health care professional and paraprofessional employed or contracted which shall include:

a. An application;

b. Evidence of current qualifications;

c. Periodic evaluation;

d. Educational program for training;

e. Evidence of orientation and inservice training.

4.C. Qualifications for Professional Personnel

4.C.1. The following health care professionals employed directly or through a contractual relationship with a Hospice Provider may provide hospice services by virtue of possession of a current license to practice their discipline in the State of Maine:

a. Physicians;

b. Registered Professional Nurses;

c. Licensed Practical Nurses; and

d. Social Workers.

4.C.2. All health care provider employees providing direct patient care must wear an identification badge that includes at least the following information:

1. Name of the health care provider;

2. Employee's first name with first initial of the employee's last name;

Eff. April 1,

2000 3. Initials identifying the employee's registration/ licensure/certification;

4. Employee's job title.

Health care providers will develop policies and procedures which will define the situations and criteria when the wearing of an identification badge will be waived.

4.D. Quality Assurance

The Hospice Provider shall establish a Quality Assurance program The program will be an ongoing objective assessment of important aspects of patient care and the correction of identified problems. It will consist of a clinical record review at least quarterly and an overall Hospice Provider review that will occur annually. The results of the review/evaluation are reported to, and acted upon, by those responsible for the operation of the Hospice.

This will include, but is not limited to:

4.D.1. Continually monitors and evaluates the care provided;

4.D.2. Identifies issues and potential issues;

4.D.3. Proposes and implements improvement; and

4.D.4. Re-evaluates the care provided to determine if further improvement is possible or needed.

CHAPTER 5: SERVICES

5.A. Mission Statement

A hospice program must have a clear mission statement that is consistent with hospice philosophy adopted by the council.

5.B. Discreet Entity

A hospice program must be a discreet entity with at least the following features:

5.B.1. A governing body;

5.B.2. A program director;

5.B.3. An interdisciplinary team;

5.B.4. Volunteers; and

5.B.5. A medical director.

5.C. Clients

A hospice program may provide services to any person who consents to receive those services.

5.D. Services

Hospice services must be delivered in accordance with a care plan approved by the interdisciplinary team, regardless of whether the hospice services are provided by hospice program staff or by contractors. The care plan must provide for twenty-four (24) hours a day, seven (7) days a-week services. The care plan must be reviewed periodically by the interdisciplinary team and revised as needed. The interdisciplinary team must consider the need for at least the following services when developing the care plan:

5.D.1. Social services;

5.D.2. Nursing care;

5.D.3. Counseling;

5.D.4. Pastoral care;

5.D.5. Volunteer visits to provide comfort, companionship and respite;

5.D.6. Bereavement services for at least one year after the death of the person who is terminally ill; and

5.D.7. Medical services.

5.E. Nursing

Nursing services provided by a hospice program must be provided in accordance with a care plan and must be under the direction and supervision of a nurse supervisor. The nurse supervisor must:

5.E.1. Develop nursing objectives, policies and procedures consistent with hospice philosophy;

5.E.2. Develop job descriptions for nursing personnel consistent with hospice philosophy;

5.E.3. Establish staffing and on-call schedules for nursing staff,

5.E.4. Develop and implement orientation and training programs for nursing staff.

5.F. Orientation

Before providing any hospice service, a direct service provider must receive an orientation of at least four (4) hours specific to hospice service. The policy and procedures of the provider define the agenda of the hospice orientation program. The provider shall document in personnel files that staff members have completed the four (4)-hour orientation Volunteers must be oriented according to provider policies.

The hospice orientation program must include, but is not limited to, the following subjects:

5.F.1. Hospice philosophy;

5.F.2. Personal death awareness;

5.F.3. Communication skills;

5.F.4. Personnel issues;

5.F.5. Identification of hospice resource people;

5.F.6. Stress management;

5.F.7. Ethics;

5.F.8. Stages of dying; and

5.F.9. Funeral arrangements.

5.G. Training

A hospice program shall provide an educational program that offers a comprehensive overview of hospice philosophy and hospice care. A minimum of eighteen (18) hours of education, including four (4) hours of orientation, is required for all direct service providers delivering hospice care. The educational program must include, but is not limited to, the following subjects:

5.G.1. Hospice philosophy,

5.G.2. Family dynamics;

5.G.3. Pain and symptom management;

5.G.4. Grief, loss and transition;

5.G.5. Psychological perspectives on death and dying;

5.G.6. Spirituality;

5.G.7. Communication skills;

5.G.8. Volunteer roles; and

5.G.9. Multidisciplinary management.

5.G.10. Hospice personnel who provide direct services to patients, except for those who deliver twenty (20) hours or less of hospice care in one (1) calendar year, are required to meet the minimum training requirement of eighteen (18) hours within one (1) year. Documentation of completion of training is transferable from one hospice program to another.

5.G.11. All direct service hospice personnel, including those who deliver twenty (20) hours or less of hospice care and contracted service providers, must have four (4) hours of hospice orientation.

5.H. Continuing Education and Inservice Training

Hospice direct service providers are required to complete a minimum of eight (8) hours of continuing education or inservice training each year after the first year, based on date of hire.

5.I. Records

A hospice program shall maintain, at a minimum, the following records:

5.I.1. Minutes of governing body meetings;

5.I.2. Care plans of interdisciplinary teams;

5.I.3. Progress notes regarding the families receiving services;

5.1.4. All receipts and expenditures;

5.I.5. A discharge summary for each client, a copy of which must be provided to the primary physician.

5.J. Record Retention

All clinical and business records must be retained for a period of time required by State law or five (5) years from the date of discharge.

5.K. Inpatient Hospice Facility

An inpatient hospice facility must be Medicare certified and meet Medicare requirements to be eligible for licensure as a Hospice Provider unless it is exempt under Laws 1993, Section 3.

CHAPTER 6: LICENSING OF VOLUNTEER HOSPICE PROGRAMS

6.A. Volunteer Hospice Programs

A volunteer hospice program must comply with this section and with all provisions of Chapters 1, 2, 3, 4, and 5 that are relevant to a volunteer hospice program.

6.A.1. Direct services: At a minimum, a direct service volunteer must:

a. Submit a written application;

b. Undergo a screening interview and a post-training interview,

c. Attend a 20-hour standard training program;

d. Submit a confidentiality statement; and

e. If the volunteer will transport individuals, have proof of auto insurance and a valid driver's license.

6.A.2. Policies and procedures: Hospice programs shall develop and maintain policies and procedures that address the following:

a. Recruitment, retention and dismissal;

b. Screening;

c. Orientation;

d. Scope of function;

e. Supervision;

f. Ongoing training and support;

g. Interdisciplinary team conferencing;

h. Records of volunteer activities; and

i. Bereavement services.

6-A.3. Duties of coordinator. Volunteer services must be directed by a coordinator of volunteer services who shall:

a. Implement a direct service volunteer program,

b. Coordinate the orientation, education, support and supervision of direct service volunteers; and

c. Coordinate the use of direct service volunteers with other hospice staff.

6.A.4. Demonstrate knowledge: Volunteers must demonstrate knowledge of and ability to access community resources that reflect the full scope of hospice care.

STATUTORY AUTHORITY: 22 MRSA, Chapter 1681, Sections 8621-8631

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