MEETING VOLUNTEER REQUIREMENTS FOR MEDICARE CERTIFIED HOSPICES

A Medicare certified hospice must utilize and integrate volunteers into patient service delivery and/or administrative activities for purposes of qualifying for Medicare payments to the hospice on behalf of qualifying Medicare program beneficiaries. The standards relating to the availability and use of volunteers are quite stringent and, in many cases, not followed by Medicare program participating hospice providers.

Standards

The actual standards, Conditions of Participation (“CoP”), are as follows:

§ 418.78 The hospice must use volunteers to the extent specified in paragraph (e) of this section. These volunteers must be used in defined roles and under the supervision of a designated hospice employee.

(a) Standard: Training. The hospice must maintain, document, and provide volunteer orientation and training that is consistent with hospice industry standards.

(b) Standard: Role. Volunteers must be used in day-to-day administrative and/or direct patient care roles.

(c) Standard: Recruiting and Retaining. The hospice must document and demonstrate viable and ongoing efforts to recruit and retain volunteers.

(d) Standard: Cost Savings. The hospice must document the cost savings achieved through the use of volunteers. Documentation must include the following:

1. The identification of each position that is occupied by the volunteer.
2. The work time spent by volunteers occupying those positions.
3. Estimates of the dollar costs that the hospice would have incurred if paid employees occupied the positions identified in paragraph (d)(1) of this section for the amount of time specified in paragraph (d)(2) of this section.

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(e) **Standard: Level of Activity.** Volunteers must provide day-to-day administrative and/or direct patient care services in an amount that, at a minimum, equals five (5) percent of the total patient care hours of all paid hospice employees and contract staff. The hospice must maintain records on the use of volunteers for patient care and administrative services, including the type of services and time worked.

**Meeting Standards**

The implementation of these standards is addressed in the U.S. Center for Medicare and Medicaid Services (“CMS”) State Operations Manual (“SOM”) – Interpretative Guidelines, Appendix M; Current Regulations, Survey Guidance. The specific guidance to surveyors if as follows:

**Training**

Evidence is available that volunteers are aware of:

1) Their duties and responsibilities;
2) The persons to whom they report;
3) The person to contact if they need assistance and instructions regarding the performance of their duties and responsibilities;
4) Hospice goals, services and philosophy;
5) Confidentiality and protection of the patient’s and family’s rights;
6) Family dynamics, coping mechanisms and psychological issues surrounding terminal illness, death and bereavement;
7) Procedures to be followed in an emergency, or following the death of the patient; and
8) Guidance related specifically to individual responsibilities.

Policies and procedures should be established and followed relating to the supervision of volunteers. Additionally, evidence (documentation) should be maintained relating to training/orientation of volunteers before any assignment to a patient/family.

**Roles of Volunteers**

Volunteers who are qualified to provide professional services should meet all standards associated with their specialty area. If licensure or registration is required by the State, the volunteer must be licensed or registered.

The hospice may use volunteers to provide assistance in the hospice’s ancillary and office activities as well as in direct patient care services, and/or help patients and families with household chores, shopping, transportation, and companionship.

**Recruiting and Retaining**

The hospice should retain documentation and evidence relating to the efforts to recruit and retain volunteers. This documentation could include evidence such as advertisements in local newspapers, bulletins, flyers, or media announcements.
Cost Savings

The hospice must document cost savings. This documentation includes positions occupied by the volunteers, time spent by those volunteers, and estimated dollar costs that would have been incurred had these positions been filled by employed personnel.

Activity Levels

In computing the level of activity that the hospice spends in administrative or direct patient care, the hospice may include the time spent orienting the volunteers to a specific patient’s care in the home. They can also count the time that they are training a volunteer to do a particular administrative task. But in computing the level of activity, the hospice should not count the hours that they spend in the general orientation and training about hospice philosophy, employee issues, or education support meetings.

Administrative Activities of Volunteers

Administrative support in this context means support of patient care activities of the hospice, i.e. clerical duties in the office, rather than general support activities, i.e. fund raising.

Summarization of Volunteer Activity

Volunteer hours and cost savings should be documented in those categories of service consistent with the Medicare Cost & Data Report (“Cost Report”). This achieves the following objectives:

(1) Facilitating the recognition of contributions that should be recognized by the tax-exempt hospice in their accounting records and financial reporting,
(2) Facilitating the summary of volunteer hours for cost reporting purposes, and
(3) Facilitating a comparison necessary to document meeting the five (5) percent regulatory requirement.

Accordingly, hours and costs should be summarized into the following activities at a minimum. Further breakdown is optional.

Inpatient Care

Skilled Nursing – Registered or licensed practical nurses providing services to patients or families in an inpatient setting.

Therapy Services – Qualified therapists providing services to patients or families in an inpatient setting (separate reporting for physical therapists, occupational therapists, speech therapists, and medical social services).

Aides and Homemakers – Qualified aides or others providing general support activities to the patient or family in an inpatient setting.

Dietary – Volunteers involved in food services preparation of delivery.
Housekeeping/Maintenance – Volunteers providing housekeeping/maintenance activities in inpatient settings.

Respite Care

Skilled Nursing – Registered or licensed practical nurses providing services to patients or families in a respite setting.

Therapy Services – Qualified therapists providing services to patients or families in a respite setting (separate reporting for physical therapists, occupational therapists, speech therapists, and medical social services).

Aides and Homemakers – Qualified aides or others providing general support activities to the patient or family in a respite setting.

Dietary – Volunteers involved in food services preparation of delivery.

Housekeeping/Maintenance – Volunteers providing housekeeping/maintenance activities in respite care settings.

Skilled Nursing – Registered and licensed practical nurses providing services to patients or families in the patient’s place of residence unless such qualified volunteers are providing inpatient, respite care, or continuous care services.

Therapies – Therapy services provided to patient in the patient’s place of residence unless volunteers are providing inpatient or respite care (separate reporting for physical therapists, occupational therapists, speech therapists, and medical social services).

Aides and Homemakers – Support services provided to patient or in support of patients and families in the patient’s place of residence unless such volunteers are nurses, therapists, medical social workers, physicians, or clergy. Qualified aides providing continuous care services are reported elsewhere.

Continuous Care

Skilled Nursing – Registered or licensed practical nurses providing services to patients or families when continuous care services are being provided.

Aides and Homemakers – Support services provided to patient or in support of patients and families in the patient’s place of residence when continuous care services are being provided.

Physician Services – Physicians or mid-level practitioner volunteers providing direct patient care services to patients or family members.

Spiritual Counseling – Spiritual counseling volunteers, including clergy, but not bereavement counseling.

Dietary Counseling – Dietary counseling volunteers.
Other Counseling – Counseling other than those counseling services separately identified.

Other Therapy Services – Therapy services other than those separately identified. These services are specific to the respective patient/family and not provided to general population of hospice patients.

Administrative Services – All administrative activities provided by volunteers other than those associated with fund raising activities or efforts.

Plant Operation – General facility maintenance and housekeeping volunteers.

Fund raising – All volunteer efforts provided that are associated with fund raising activities. Although recorded, these hours are not qualifying for meeting the five (5) percent standard.

Bereavement – Volunteer activities that constitute bereavement services as defined by the Medicare program.

Volunteer Coordination – Volunteers specially trained in the training and coordination of other volunteers.

Assigning Cost Savings (Value)

The cost savings (value) of the volunteer services is determined by multiplying the hours by type of volunteer (profession or qualification) by the hourly rate paid to such individuals employed by the hospice. Additionally, the value should include an hourly value of employee benefits provided, e.g. employer FICA, workers compensation, unemployment contributions, health insurance, etc. The cost savings should be sorted by position as well as the respective categories identified above.

Accounting and Financial Reporting

Generally accepted accounting principles require contributed services to be recognized in financial statements, and accordingly the accounting records of a tax-exempt entity is the services received require specialized skills and are provided by individuals possessing those skills if such services would typically be purchased if not donated. Such services would include doctors, nurses, and therapists. They may also include consultant, lawyers, accountants, etc. Services provided by aides or homemakers, although documented for meeting CoPs and proper Medicare cost reporting are not recorded in the accounting records or financial statements of the hospice. Such services not included in the financial statements may be reported in the footnotes to the financial statements and, in fact, generally accepted accounting principles encourage the reporting of contributed services received but not recognized as revenue, if practical. Additionally, such documentation is valuable in reporting to the Internal Revenue Services as further evidence in support of the tax-exempt designation of the hospice.
Summary

The recognition of volunteer activities is a critical element of meeting CoPs, Medicare cost reporting, and financial reporting for the hospice. It is important that the hospice develop an integrated recordkeeping system that in addition to the ongoing monitoring of volunteers and the services they provide, produces information necessary to support the hospice’s Medicare certification and provide evidence required for reporting. Once a comprehensive system has been created, monitoring of such systems should not be overly difficult.

There are various software programs available on the market that provide recordkeeping and management information sufficient to produce the required information to meet all requirements. These programs are generally inexpensive and produce cost-benefit immediately upon implementation.

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