

SECTION ONE

Organization and Administration

Policy No.

<u>Mission Statement</u>	1-001
<u>Governing Body</u>	1-002
Addendum: <u>Governing Body Members</u> *	1-002.A
Addendum: <u>Governing Body Orientation Checklist</u> *	1-002.B
<u>Conflict of Interest</u>	1-003
Addendum: <u>Conflict of Interest Statement</u> *	1-003.A
<u>Referral Disclosure and Care Decisions</u>	1-004
<u>Public Disclosure Statement</u>	1-005
<u>Administrative Qualifications and Responsibilities</u>	1-006
<u>Appointment of Executive Director/Administrator</u>	1-007
<u>Designation of Individual in Absence of Executive Director/Administrator</u> *	1-008
<u>Hospice Administrator</u>	1-009
<u>Regulatory Compliance</u>	1-010
Addendum: <u>Additional State Requirements</u> *	1-010.A
<u>Policy Decisions</u>	1-011
<u>Development of Policies and Procedures</u>	1-012
Addendum: <u>Required Policy Checklist</u> *	1-012.A
Addendum: <u>Administrative Policy Renewal/Revision Flow Sheet</u> *	1-012.B
<u>Clinical Policies and Procedures</u>	1-013
<u>Use of Organizational Chart</u>	1-014
Addendum: <u>Organizational Charts</u> *	1-014.A
<u>Uniform Quality of Care</u>	1-015
<u>Experimental Research and Investigational Studies</u>	1-016
<u>Organizational Planning</u>	1-017
Addendum: <u>Organizational Goals and Objectives</u> *	1-017.A
<u>Contingency Planning</u>	1-018
<u>Contingency Plan If Organization Closes</u>	1-019
<u>Branch/Subunit Control</u>	1-020
<u>Contracted Service Providers</u>	1-021

*Requires state or organization-specific information.

SECTION ONE

Organization and Administration

Policy No.

<u>Hospice Contracted Services</u>	1-022
Addendum: <u>Hospice Contracted Services Review*</u>	1-022.A
<u>Written Agreements for Contracted Services</u>	1-023
Addendum: <u>Written Agreement for Contracted Services*</u>	1-023.A
<u>Scope of Services</u>	1-024
Addendum: <u>Organization-Specific List of Procedures and Treatments*</u>	1-024.A
<u>Listing of Services Provided</u>	1-025
<u>Informed Consent for Patient and Family/Caregiver</u>	1-026
Addendum: <u>Sample Informed Consent for Medical Photography</u>	1-026.A
<u>Medicare Hospice Benefit</u>	1-027
<u>Medicaid Hospice Benefit</u>	1-028
<u>Hospice Site Visitor Home Visit Consent</u>	1-029
<u>Financial Responsibility and Medicare Written Notices</u>	1-030
Addendum: <u>Advance Beneficiary Notice (ABN) of Noncoverage</u>	1-030.A
Addendum: <u>Notice of Medicare Provider Noncoverage</u>	1-030.B
Addendum: <u>FFS Expedited Review Detailed Notice</u>	1-030.C
Addendum: <u>Additional CMS Resources for ABN and Expedited Notices</u>	1-030.D
<u>Hospice Innovation</u>	1-031
<u>Hospice Operational Planning</u>	1-032
<u>Marketing Plan</u>	1-033

*Requires state or organization-specific information.

SECTION TWO

Program/Service Operations

Policy No.

<u>Availability of Services</u>	2-001
<u>Patient Bill of Rights</u>	2-002
<u>Admission Documents</u>	2-003
<u>Informed Consent/Refusal of Treatment</u>	2-004
<u>Financial Responsibility</u>	2-005
<u>Complaint/Grievance Process</u>	2-006
<u>Fostering Internal Communication</u>	2-007
<u>Interface of Patient Data and Management Systems</u>	2-008
<u>Clinical/Service Data Collection</u>	2-009
<u>Access to Information</u>	2-010
<u>Principles of Information Management</u>	2-011
<u>Patient Privacy Rights</u>	2-012
Addendum: <u>Notice of Privacy Practices</u>	2-012.A
<u>Minimum Necessary Uses of PHI</u>	2-013
<u>Minimum Necessary Disclosures of PHI</u>	2-014
<u>Uses and Disclosures of PHI</u>	2-015
<u>Authorization for Use or Disclosure of PHI</u>	2-016
<u>Minimum Necessary Requests for PHI</u>	2-017
<u>Privacy of Health Information of Deceased Individuals</u>	2-018
<u>Patient Requests for Privacy Restrictions</u>	2-019
<u>Patient Requests for Confidential Communications</u>	2-020
<u>Patient Requests for Access to PHI</u>	2-021
<u>Patient Requests to Amend PHI</u>	2-022
<u>Patient Requests for Accounting of PHI Disclosures</u>	2-023
<u>Fundraising and PHI</u>	2-024
<u>Marketing and PHI</u>	2-025
<u>Privacy Training</u>	2-026

*Requires state or organization-specific information.

SAMPLE

SECTION TWO

Program/Service Operations

Policy No.

<u>Sanctions for Privacy and Security Violations</u>	.....	2-027
<u>Identity Theft Prevention Program</u>	.....	2-028
Addendum: <u>Identity Theft Risk Assessment Worksheet*</u>	.....	2-028.A
Addendum: <u>Identity Theft Risk Response Matrix*</u>	.....	2-028.B
<u>Safeguarding/Retrieval of Clinical/Service Record</u>	.....	2-029
<u>Computer Access to Information</u>	.....	2-030
<u>Business Associates</u>	.....	2-031
<u>Advance Directives</u>	.....	2-032
Addendum: <u>Advance Directive Information Statement</u>	.....	2-032.A
Addendum: <u>Durable Power of Attorney for Health Care*</u>	.....	2-032.B
<u>Do Not Resuscitate/Do Not Intubate Orders</u>	.....	2-033
<u>Cardiopulmonary Resuscitation</u>	.....	2-034
<u>Assessment of Possible Abuse/Neglect</u>	.....	2-035
Addendum: <u>Organization List of Private and Public Community Agencies That Provide or Arrange for Assessment of Suspected or Alleged Abuse/Neglect*</u>	.....	2-035.A
<u>Ethical Issues</u>	.....	2-036
<u>Nondiscrimination Policy and Grievance Process*</u>	.....	2-037
<u>Facilitating Communication*</u>	.....	2-038
Addendum: <u>Organization List of Interpreters*</u>	.....	2-038.A
<u>Corporate Compliance Plan</u>	.....	2-039
Addendum: <u>Sample Compliance Report</u>	.....	2-039.A
<u>Corporate Compliance Officer</u>	.....	2-040
<u>Internal Control Systems/Accountabilities</u>	.....	2-041
Addendum: <u>Kickbacks, Inducements and Self-Referrals</u>	.....	2-041.A
<u>Physician Licensure Verification</u>	.....	2-042
<u>Social Media</u>	.....	2-043
Addendum: <u>Social Media and Blog Guidelines</u>	.....	2-043.A

*Requires state or organization-specific information.

SECTION TWO

Program/Service Operations

Policy No.

<u>Privacy of PHI</u>	2-044
<u>Breach Analysis</u>	2-045
<u>Breach Notification</u>	2-046
<u>Security Management Process</u>	2-047
<u>Workforce Security</u>	2-048
<u>Information Access Management</u>	2-049
<u>Security Awareness and Training</u>	2-050
<u>Security Incident Procedures</u>	2-051
<u>Contingency Plan</u>	2-052
<u>Evaluation</u>	2-053
<u>Facility Access Controls</u>	2-054
<u>Workstation Use and Security</u>	2-055
<u>Device and Media Controls</u>	2-056
<u>Access Controls: Technical Safeguards</u>	2-057
<u>HIPAA Security Audit Controls</u>	2-058
<u>Integrity Controls</u>	2-059
<u>Person or Entity Authentication</u>	2-060
<u>Transmission Security</u>	2-061
<u>Whistleblower Protection</u>	2-062

*Requires state or organization-specific information.

SECTION THREE

Fiscal Management

Policy No.

<u>Annual Operating Budget</u>	3-001
<u>Capital Expenditure Plan</u>	3-002
<u>Financial Management and Control</u>	3-003
<u>Fiscal Solvency</u>	3-004
<u>Financial Reports</u>	3-005
<u>Fee Determination</u>	3-006
<u>Charity Care</u>	3-007
<u>Charge Verification</u>	3-008
<u>Billing and Collections</u>	3-009
<u>Accounts Receivable Review</u>	3-010
<u>Bad Debt Policy</u>	3-011
<u>Contractual Allowances</u>	3-012
<u>Cash Receipts</u>	3-013
<u>Purchasing Authorization and Accounts Payable*</u>	3-014
<u>Fixed Assets and Depreciation</u>	3-015
<u>Payroll Processing</u>	3-016
<u>Allocation of Time Worked</u>	3-017
<u>Donated Funds</u>	3-018
<u>Certificates of Insurance</u>	3-019

*Requires state or organization-specific information.

SECTION ONE

Personnel Administration

Policy No.

<u>Personnel Policies</u>	1-001
<u>Human Resources</u>	1-002
<u>Hospice Staffing Guidelines</u>	1-003
<u>Recruitment, Retention, Development, and Continuing Education</u>	1-004
<u>Categories/Qualifications of Personnel</u>	1-005
Addendum: <u>Specific Personnel Qualifications</u>	1-005.A
<u>Selection/Hiring of Personnel</u>	1-006
<u>Licensure/Certification/Registration</u>	1-007
<u>Equal Opportunity Employer</u>	1-008
<u>Standards of Care, Service, and Practice</u>	1-009
<u>Scope of Assessments/Qualifications</u>	1-010
<u>Job Descriptions</u>	1-011
<u>Termination</u>	1-012
<u>Personnel Turnover</u>	1-013
<u>Attendance and Absenteeism</u>	1-014
<u>Personnel Grievance Process</u>	1-015
<u>Personal Vehicle Use/Mileage Reimbursements</u>	1-016
<u>Dress and Appearance</u>	1-017
<u>Sexual Harassment</u>	1-018
<u>Standards of Conduct/Ethical Behavior</u>	1-019
<u>Personnel Record Contents</u>	1-020
<u>Performance Evaluations</u>	1-021
<u>Orientation</u>	1-022
Addendum: <u>Personnel Orientation Checklist</u>	1-022.A
Addendum: <u>Comprehensive Controlled Substances Diversion Prevention Program</u>	1-022.B
<u>Personnel Development</u>	1-023
Addendum: <u>Personnel Development/Inservice Needs Assessment</u>	1-023.A

*Requires state or organization-specific information.

Organization's Name

Resource Information..... 1-024

Competency Program..... 1-025

SAMPLE

*Requires state or organization-specific information.

SECTION ONE

Personnel Administration

Policy No.

<u>Competency Assessment</u>	1-026
<u>Responsibilities/Supervision of Clinical Services</u>	1-027
<u>Training/Inservice Education</u>	1-028
<u>Hospice Aide Training</u>	1-029
<u>Hospice Homemaker Training</u>	1-030
<u>Hospice Aide Supervisory Visits</u>	1-031
<u>Volunteer Staff</u>	1-032
<u>Hospice Volunteer Documentation</u>	1-033
<u>Documentation of Volunteer Utilization</u>	1-034
<u>Team Access To Emotional Support</u>	1-035
<u>Specialized Services</u>	1-036
<u>Requirements for Supervisors/Preceptors</u>	1-037
Addendum: <u>Performance Observation Report (Sample)</u>	1-037.A
<u>Report to the Governing Body</u>	1-038
Addendum: <u>Hospice Competence Report (Sample)</u>	1-038.A
<u>Access to Qualified Consultation</u>	1-039
<u>Communication with Office</u>	1-040
<u>Progressive Discipline Policy</u>	1-041
<u>Workplace Violence Prevention Plan</u>	1-042
Addendum: <u>Workplace Violence Prevention Incident Report Form</u>	1-042.A

*Requires state or organization-specific information.

SECTION TWO

Job Descriptions

Policy No.

Policy Statement 2-001

Addendum: [Job Description \(Template\)](#) 2-001.A

Professional Services Agreement for Medical Director 2-002

Addendum: [Professional Services Agreement Medical Director \(Sample\)](#) 2-002.A

Addendum: [Medical Director Job Description](#) 2-002.B

Addendum: [Sample Evaluation Criteria](#) 2-002.C

Executive Director

Finance Director

Controller

Human Resources Director

Information Systems Director

Marketing/Community Relations Director

Clinical Director

Clinical Records Manager

Clinical Supervisor

Managed Care Coordinator

Referral/Intake Supervisor

Performance Improvement Coordinator

Hospice Nurse Practitioner

Registered Nurse

Addendum: [Performance Evaluation for the Registered Nurse](#)

Licensed Practical/Vocational Nurse

Addendum: [Performance Evaluation for the Licensed Practical/Vocational Nurse](#)

Certified Hospice Aide

Addendum: [Performance Evaluation for the Certified Hospice Aide](#)

Addendum: [Hospice Aide Training Agreement \(Sample\)](#)

Homemaker

Physical Therapist

*Requires state or organization-specific information.

SECTION TWO

Job Descriptions

[Physical Therapy Assistant](#)

[Speech-Language Pathologist](#)

[Physical Therapy Assistant](#)

[Speech-Language Pathologist](#)

[Occupational Therapist](#)

[Certified Occupational Therapy Assistant](#)

[Social Services Supervisor](#)

[Social Worker](#)

[Marriage and Family Therapist](#)

[Mental Health Counselor](#)

[Registered Dietician](#)

[Volunteer Coordinator](#)

[Volunteer](#)

[Hospice Chaplain](#)

[Bereavement Coordinator](#)

[Secretary/Receptionist](#)

[Billing Manager](#)

[Accounting Clerk](#)

[Data Entry/Computer Operator](#)

[Billing/Collections Clerk](#)

[Office Manager](#)

[Payroll and Benefits Coordinator](#)

*Requires state or organization-specific information.

SECTION THREE

Clinical Competency Program

Policy No.

<u>Scope of the Program/Process Methodology</u>	.....	3-001
<u>Competency Based Orientation</u>	.....	3-002
Addendum: <u>Initial Competency Assessment Skills Checklist – Registered Nurse</u>	.....	3-002.A
Addendum: <u>Initial Competency Assessment Skills Checklist – Licensed Practical/Vocational Nurse</u>	.....	3-002.B
Addendum: <u>Initial Competency Assessment Skills Checklist – Infusion Nurse</u>	.....	3-002.C
Addendum: <u>Initial Competency Assessment Skills Checklist – Hospice Aide</u>	.....	3-002.D
Addendum: <u>Initial Competency Assessment Skills Checklist – Physical Therapist</u>	.....	3-002.E
Addendum: <u>Initial Competency Assessment Skills Checklist – Physical Therapy Assistant</u>	.....	3-002.F
Addendum: <u>Initial Competency Assessment Skills Checklist – Speech-Language Pathologist</u>	.....	3-002.G
Addendum: <u>Initial Competency Assessment Skills Checklist – Occupational Therapist</u>	.....	3-002.H
Addendum: <u>Initial Competency Assessment Skills Checklist – Occupational Therapy Assistant</u>	.....	3-002.I
Addendum: <u>Initial Competency Assessment Skills Checklist – Social Worker</u>	.....	3-002.J
Addendum: <u>Initial Competency Assessment Skills Checklist – Registered Dietician</u>	.....	3-002.K
Addendum: <u>Initial Competency Assessment Skills Checklist – Volunteer Coordinator/Volunteer</u>	.....	3-002.L
Addendum: <u>Initial Competency Assessment Skills Checklist – Hospice Chaplain</u>	.....	3-002.M
Addendum: <u>Initial Competency Assessment Skills Checklist – Bereavement Coordinator</u>	.....	3-002.N
Addendum: <u>Initial Competency Assessment Skills Checklist – Hospice Physician</u>	....	3-002.O
<u>Core Competency Skill</u>	.....	3-003
<u>Annual Core Competence</u>	.....	3-004
Addendum: <u>Performance Criteria (Template)</u>	.....	3-004.A
Addendum: <u>Performance Criteria (Sample)</u>	.....	3-004.B

*Requires state or organization-specific information.

SECTION THREE

Clinical Competency Program

Policy No.

Addendum: Performance Criteria – Infusion Nurse	3-002.C
Addendum: Performance Criteria – Hospice Chaplain	3-002.D
Addendum: Performance Criteria – Hospice Physician	3-002.E

SAMPLE

*Requires state or organization-specific information.