

§ 418.78 Condition of Participation: Volunteers

- Volunteers must provide day-to-day administrative and/or direct patient care services in an amount that, at a minimum, **equals 5 percent** of the total patient care hours of all paid hospice employees and contract staff, including contract staff.
- The volunteer activities must be related to the administrative and direct patient care functions. No fundraising or board member volunteer activities can count toward the 5 percent volunteer hours requirement.
- These volunteers must be used in defined roles and under the supervision of a designated hospice employee.

Training requirements

- The hospice must maintain, document, and provide volunteer orientation and training that is consistent with hospice industry standards.
- There is no specified training program length defined in the federal regulations, but review your state hospice licensure regulations for any requirements.
- NHPCO's, "Hospice Volunteer Program Resource" suggests a 16-hour training program.
 - Consult NHPCO's, "Hospice Volunteer Program Resource" for a training program outline.

Role of the volunteer

- Volunteers must be used in day-to-day administrative and/or direct patient care roles.
- Volunteers are permitted to fulfill many roles in hospice care, including providing homemaker services, provided that the volunteers meet all qualifications and personnel requirements.
- Volunteer services provided to the patient/family must be detailed in the hospice plan of care.
- The duties of volunteers used in direct patient care services or helping patients and families must be evident in the patient's plan of care. There should be documentation of time spent and the services provided by volunteers.

Direct patient care services (can be counted towards the 5% calculation):

- Qualified volunteers who provide professional services for the hospice must meet all requirements 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.
 - If volunteers are used to provide hands on patient care, there must be documentation that the volunteers were trained and validated as competent to perform the care.
 - Regular competency evaluation (and documentation) of these skills is recommended.

Administrative services (can be counted towards the 5% calculation):

- Volunteers can provide administrative patient care related support to the hospice provider.
- Activities can include answering telephones, filing, assisting with patient and family mailings, and data entry.

Non-administrative services (cannot be counted towards the 5% calculation):

- Hospices are also permitted to use volunteers in non-administrative and non-direct patient care activities, although these services are not included in the 5% cost savings calculation.

Demonstrating cost savings

- The hospice must document the cost savings achieved through the use of volunteers. Documentation must include the following:

- The identification of each position that is occupied by a volunteer.
- The work time spent by volunteers occupying those positions.
- Estimates of the dollar costs that the hospice would have incurred if paid employees occupied the positions.
- There is no standard formula from CMS to calculate volunteer cost savings. Each hospice organization will determine its own formula and calculation method.

Standard: Level of activity

- The hospice must maintain records on the use of volunteers for patient care and administrative services, including the type of services and time worked.
- The regulations do not specify the types of activities a hospice organization can count towards the 5 percent cost savings beyond the requirement to use volunteers for patient care and administrative services.
- It is the discretion of the organization regarding types of activities to count.
 - E.G.: If a hospice pays an employee for time spent traveling for direct patient care and administrative purposes, and does not compensate a volunteer for the time, then it may include the volunteer's travel time, direct patient care and administrative services in its documentation of the cost savings it achieves.
- Hospices may document the time that volunteers actually spend providing direct patient care and administrative services, because hospices would compensate paid employees for the time spent performing these duties.
- A good rule of thumb to use is if a volunteer is performing in a role that you pay an employee for, those hours/activities would count towards the 5 percent cost savings. While non-administrative hours, such as sewing, are very important activities to the hospice and their patients, these hours may not be counted towards the 5 percent cost savings.
- Traveling, providing care or services, documenting information, and calling patients all consume volunteer time, and may be used in calculating the level of volunteer activity in a hospice.
 - **NOTE:** If a hospice chooses to include any of these areas that are directly related to providing direct patient care or administrative services in its percentage calculation of volunteer hours, it must ensure that the time spent by its paid employees and contractors for the same activity is also included in the 5 percent calculation.

Recruiting and retaining volunteers

- The hospice must document and demonstrate viable and ongoing efforts to recruit and retain volunteers.

Compliance Suggestions for Hospice Providers

- Develop a tracking system for volunteer activities that will be counted towards the 5 percent calculation.
- Develop a formula to calculate volunteer cost savings. NHPCO's, "Hospice Volunteer Program Resource" recommends using the Independent Sector websites to determine volunteer hourly rates.
- Educate hospice staff about all new and revised policies/procedures, processes, and performance improvement projects.

Please note that hospice providers need to comply with the most stringent regulatory requirements (Federal or State).

Resources

- NHPCO Regulatory & Compliance Center, [Volunteers](#)
- [The Independent Sector](#) - (Estimated National Value of Each Volunteer Hour) (updated annually)

References

- Part II - Department of Health and Human Services, Centers for Medicare & Medicaid Services
42 CFR Part 418 Medicare Hospice Care Regulations [eCFR :: 42 CFR Part 418 -- Hospice Care](#)