Texas Association for Home Care & Hospice
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**56th Annual Meeting**
Wednesday, August 27, 2025
2:45pm-3:45pm

# 3b. Understanding Volunteer and Bereavement Coordination

Presented by:

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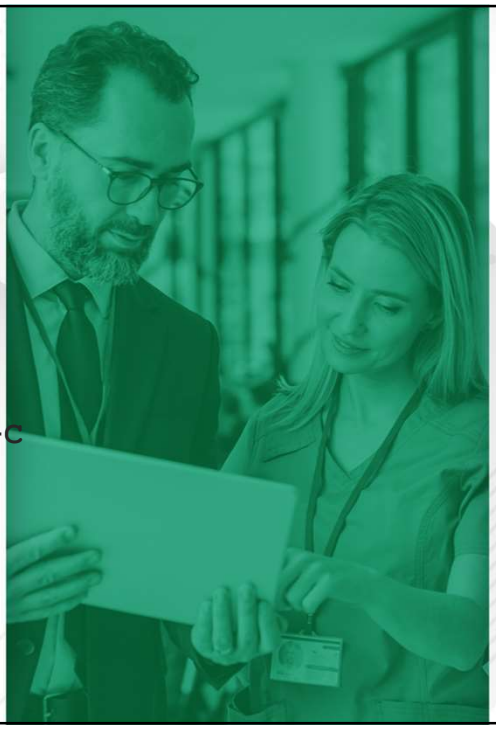
# Hospice: Volunteer and Bereavement Coordination



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Victoria Barron is a Registered Nurse who joined Healthcare Provider Solutions in December 2021 as a Clinical Consultant. As part of the HPS clinical consulting team, Victoria provides support and solutions to home health and hospice agencies nationally to achieve regulatory compliance.

With more than 40 years of nursing and healthcare experience, the majority of Victoria's career has been in the home services arena including home health, hospice, home care, and home infusion where she has served in various roles.

Victoria is a licensed Multistate Registered Nurse and is a CHAP and ACHC Certified Home Health and Hospice Consultant.

## Learning Objectives

- Discuss the requirements for a hospice volunteer program to meet regulatory guidelines.
- Manage a hospice volunteer program that includes orientation, training, recruitment, retention and utilization of volunteers to support hospice patients and caregivers.
- Discuss the 5% volunteer requirement, cost savings reporting and calculations to measure compliance.
- Discuss the requirements for a bereavement program to meet the regulatory guidelines.

## §418.78 Condition of Participation: Volunteers

The SOM Appendix M Defines a hospice employee as:

- A person who works for the hospice and for whom the hospice is required to issue a W-2 form on his or her behalf; or
- If the hospice is a subdivision of an agency or organization, an employee of the agency or organization who is assigned to the hospice; or
- **A volunteer under the jurisdiction of the hospice.**

## §418.78 Condition of Participation: Volunteers

**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.**

**Interpretive Guidelines §418.78**

Volunteers are considered hospice employees to facilitate compliance with the core services requirement.

## Hospice Volunteers – Unpaid Employees

- The volunteer FTE is required to be reported on Form CMS-417 during a standard survey in addition to paid employees.
- Volunteers are considered personnel. Despite being paid, volunteers are required to follow all requirements of employees including orientation, training, maintenance of HR records, health screenings, etc.

## Volunteer Services and Patient Rights

- Right to refuse care or treatment – this includes the right to refuse volunteer services. Document offer and refusal.
- Medical Director as volunteer - The medical director may work full time or part time. If the medical director is not a paid employee or a contracted medical director, he/she is considered a volunteer under the control of the hospice.

## Volunteer Coordination

The volunteer coordinator role may include:

- Managing hospice volunteers
- Training hospice volunteers
- Orienting hospice volunteers
- Recruitment/retention of volunteers
- Contacting patient/families regarding volunteer services.
- Writing orders for volunteer frequencies and documenting missed visits when applicable.
- Managing volunteer HR records and ensuring all requirements are completed.
- Performing competency of volunteers.
- Documentation
- Participating in volunteer activities if the volunteer coordinator is unpaid.

## Volunteer Frequencies

- Standalone PRN frequencies are not allowed.
- Frequencies may include PRN frequencies in addition to a specific frequency and ranges may be used.

**Example:** Volunteer services 1-2 time per month and 1 PRN to provide companionship for patient/caregiver.

- Include audits of volunteer frequencies in clinical audits to ensure frequencies are followed and/or missed visits are documented.
- DC volunteer frequencies as applicable.
- Discuss volunteer frequencies during IDG.

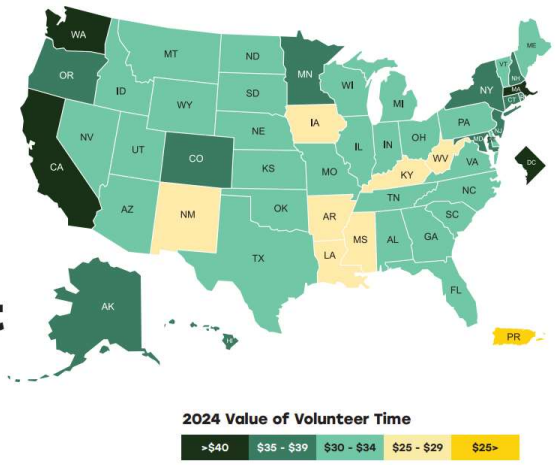
## Volunteer Orientation and Training

- The hospice must maintain, document and provide volunteer orientation and training that is consistent with hospice industry standards. (16 hours is suggested).
- Review agency policy regarding volunteer training requirements
- OIG exclusion list check applies for volunteers.
- Criminal background checks apply for volunteers.
- An I-9 is not required for volunteers.
- Age restrictions – there are no age restrictions related to volunteers under age 18. Check with State Department of Labor for guidance.
- Volunteer responsibilities should align with the volunteers chronological and developmental age.
- Competency should be evaluated based on the tasks to be performed as needed.

## Volunteer Percentage and Cost Savings Report

INDEPENDENT SECTOR

**2025 Value of Volunteer Time Report**




## Cost Savings Requirement

**Volunteer cost savings calculation:**

**Divide** the number of Hospice Volunteer Hours – (Administrative and/or Direct Patient Care Services) by the Number of Direct Patient Care Hours provided by all paid hospice employees and contract staff.

Example: Agency provides **725 volunteer hours** and **14500 Direct Patient Care Hours**.

**725 ÷ 14500 = 0.05 (or 5%)**

**Direct Care Staff are:**
Nurse
SW
Physician
Chaplain
Hospice Aide
PT
Bereavement Counselor

**Total should = 5% or greater.**

## Determining Volunteer Hours Requirements to Meet the 5% Goal

Multiply the Direct Care Hours by the desired volunteer percentage (5%) to determine how many volunteer hours are needed.

Example: Agency provides 14,500 **Direct Care** hours in 12 months. How many volunteer hours should the hospice provide to meet the 5% goal?

**14,500 Direct Care Hours x 5% (or .05) = 725 volunteer hours**

Agencies should establish goals to meet or exceed the 5% requirement monthly.

## 5% Cost Savings Activities

The following activities are acceptable activities to be counted towards the 5% cost savings calculation: (Examples of activities but not restricted to)

**Direct Patient Care Services**

- Helping patients and families with household chores
- Shopping
- Transportation
- Companionship
- Mowing a patient's lawn
- Walking a patient's dog

**Administrative Activities**

- Answering Phones
- Filing
- Assisting with patient and family mailings
- Data Entry

# 5% Cost Savings Activities

## Other Examples of Direct Volunteer Patient Care Hours/Administrative Hours

- Telephone calls to patient, family or survivor
- Travel time to patient homes (if travel time is also calculated in paid staff hours)
- Time spent receiving orientation to specific patients such as (infection control, comfort measures for specific patient)
- Volunteer training to defined organizational standards. (Example: a fully screened/trained volunteer performing a task for a patient would count. A community group, untrained but donating time to do a 1x specialty task would not count.)

# Volunteer Hours that Count

**Direct patient care hours:**

- In-home/in-person family time
- Telephone contact
- At the bedside for individual patients
- Music at the bedside for individual patients
- Companionship
- Transport (Dr. appointments, shopping, errands)
- Respite
- Pet Therapy for individual patients
- Companion vigils (11th hour volunteers)
- Life review and life history

## Volunteer Direct Bereavement Hours that Count

- In-home/in-person family time
- Telephone contact
- Writing bereavement notes

## Administrative Hours that Count

- Filing, auditing, copying
- Data entry of records
- Patient Information packets
- Volunteer training for specific administrative task (not orientation, general training)

## Volunteers and Bereavement Activities

Bereavement activities that may be counted towards the 5% cost savings include:

- Phones calls to family members or caregivers of hospice patients who are participating in the hospice's bereavement program
- Assistance in a grief camp run by the hospice.

## Activities that DO NOT Count Towards the 5% Cost Savings

- Craft projects
- Quilting/ sewing/knitting
- Cooking and baking
- Group singing for general patient population
- Orientation, in-service education
- Interdisciplinary team meetings
- Board participation and board meetings
- Community events (i.e.: health fairs)
- Marketing activities
- Thrift Stores/Fundraising
- Flower arranging
- Singing at hospice inpatient units
- General training hours – not specific to a patient or administrative task including ongoing inservice/annual education
- Community group activities when groups are not trained hospice volunteers

## Volunteer Involvement

Include hospice volunteers in:

- Survey readiness
- Survey process (as determined by agency and volunteer skillset(s)
- Fundraisers/agency events
- Activities that DO NOT count towards volunteer percentage (while participation by volunteers in some activities does not contribute to volunteer percentage; volunteers are part of the hospice team and may enjoy contributing in these activities).
- Bereavement activities (if trained)

## Mileage Reimbursement for Volunteers

- Current law allows charities to reimburse volunteers, on a nontaxable basis only, up to the annual IRS charitable mileage rate. The charitable mileage rate has remained unchanged since 1997 and remains at 14 cents per mile for volunteers driving for charitable purposes. Alternatively, volunteers are permitted to deduct their "out of pocket" expenses incurred in providing donated services — when those expenses are not reimbursed.

## Volunteer Documentation

- Volunteer services must be included in the Plan of Care
- Documentation should be noted if volunteer services were offered and declined.
- There are no specific documentation requirements.
- Volunteer frequencies must align the Plan of Care.
- Volunteer frequencies may be in ranges 2-3 visits per month and may include PRN however PRN frequencies cannot be standalone frequencies.
- CMS does not require physician orders for volunteer services. Review state law and agency policy for guidance.
- Recruitment and retention activities should be documented.

## Hospice Staff as Hospice Volunteers

Consider the FLSA – Fair Labor Standards Act - establishes minimum wage, overtime pay, recordkeeping, and child labor standards.

Exempt employees – May volunteer in the same capacity as their paid role. If volunteering in a different capacity consider FLSA.

Non-Exempt employees – Must volunteer in a different capacity from their paid role. Volunteer activities must not take place during normal working hours or scheduled overtime hours. Should not take the place of a job that could be filled by someone else or impair employment of others.

For-profit hospices must carefully follow FLSA and DOL standards when using volunteers.

State Law must be followed.

## Volunteer Recruitment and Retention Activities

- Internet/Apps - Volunteer websites; VolunteerMatch, social media, agency website.
- Employees' family and friends
- Bereaved family members (consider a waiting period of 1 year for bereaved family members when volunteer role includes direct care).
- Coffees (virtual or in-person)
- Local libraries or other community spaces may provide meeting spaces at no charge.
- Churches
- Retirement communities
- Word of Mouth – Volunteers recruiting volunteers
- Employee of the Month/Volunteer of the month - Spotlight agency volunteers

## Volunteer Recruitment and Retention Activities

- Schools – healthcare field programs (Students may volunteer however all volunteers are required to meet all personnel requirements and complete volunteer orientation.
- Some schools require students perform a specific number of volunteer hours.
- Review agency policy regarding volunteer requirements including age limits.
- Health fairs, exhibition events – Career Fairs
- Chamber of Commerce
- Earned media – letters to the editor.
- National Volunteer Month – April – Celebrate Volunteer and Volunteer Coordinator
- Kudos – share comments about/from volunteers with all staff.

## Volunteer Supervision

- Hospice must identify who will supervise volunteers.
- Evidence of supervision must be evident and should support the volunteer's ability to perform their assignments.
- Volunteers should be able to discuss supervision, who to report to and any additional information to support knowledge of the supervisory process.
- Performance should be evaluated for volunteers following agency policy for employees.
- Communicate with volunteers regularly regarding long-term plans. Consider volunteers who may be seasonal.

## Hospice Staff Including Volunteers and Boundary Issues

- All hospice employees including volunteers should be educated on professional boundaries for the following reasons:
  - To protect the clinician/volunteer
  - To protect the patient
  - To protect the agency

## Guidelines to Protect Boundaries

- Can I discuss the patient interaction with all members of the IDT?
- If this patient interaction made headline news in the local newspaper, would that be OK with me, my supervisor, agency leadership?
- Am I doing this because it's best for the patient or because it will bring me satisfaction?
- Is it more important that "I" do this for the patient or can it be done by others in my organization?
- Can I document this interaction in the medical record, without any consequences?
- What is the worse-case scenario concerning this interaction and could I live with it? Could my supervisory and agency leadership live with it?

https://nhchc.org/wp-content/uploads/2019/08/Crossing_the_Line_October_2011_NewsLine.pdf

## Volunteer Performance

- Performance evaluations of volunteers should be performed following agency policy for employees.
- Considerations:
  - Maintaining professional boundaries
  - Completion of documentation – timeliness/accuracy
  - Attendance – is the volunteer fulfilling commitments.

## Volunteers and Survey

The volunteer coordinator/volunteers may be interviewed during survey.

They may be asked the following questions:

- How are volunteers used?
- How are volunteers trained/what type of training was provided?
- How are volunteers supervised?
- How does the volunteer program dispatch volunteers?
- What are your duties and responsibilities?
- Who do you report to?

## Volunteers and Survey (cont.)

- Who do you contact at the agency if you need assistance and instruction regarding the performance of your duties and responsibilities?
- What are the hospice goals, services and philosophy?
- How do you protect patient confidentiality and patient/family rights?
- What procedures should be followed during an emergency?
- What is your role following the death of the patient? (procedures)

# Bereavement

## Bereavement Counseling as a Core Service

**§418.64 Condition of participation: Core services**

Hospice core services include physician services, nursing services, medical social services, and counseling services (bereavement, dietary and spiritual). A hospice is required to routinely provide substantially all core services directly by staff employed by the hospice (see Definitions at 418.3) The hospice may contract for physician services who are supervised by the medical director.

## Bereavement Counseling/Program

- Is defined as: Emotional, psychosocial and spiritual support and services provided before and after the death of the patient to assist with issues related to grief, loss and adjustment.
- The hospice must have an organized program for the provision of bereavement services furnished under the supervision of a qualified professional with experience or education in grief or loss counseling.
- Bereavement counseling services must be made available to the family and other individuals in the bereavement plan of care up to 1 year following the death of the patient. Bereavement counseling also extends to residents of a SNF/NF or ICF/MR when appropriate and identified in the bereavement plan of care.
- Ensure that bereavement services reflect the needs of the bereaved.

## Bereavement Counseling

- Develop a bereavement plan of care that notes the kind of bereavement services to be offered and the frequency of service delivery. A special coverage provision for bereavement counseling is specified in §418.204(c).
- May be provided pre- and post-death.
- Typically, bereavement counseling is provided by the hospice social worker or chaplain pre-death and bereavement staff (may be the same team members) post-death.

## Bereavement Tools/Services

- Ensure all staff are utilizing the same bereavement tools, grief assessments, questionnaires, etc.
- Review your EMR to ensure the bereavement assessment is consistent in all discipline visit templates.
- Ensure RNs are trained on performing and initial bereavement assessment if assessment by other team members is declined by patient/family.

## Bereavement Documentation

- Where/how is bereavement coordination being documented?
- Where/how is bereavement counseling being documented?
- Do you have a list of all family members/caregivers receiving bereavement services?
- Is bereavement contact information complete? - Name, address, phone number, email as applicable?
- Are hospice volunteers being utilized in bereavement services – mailings, newsletters, phone calls? If so, who is verifying documentation is being completed?
- Does documentation include the patient/caregiver need for referral or further evaluation by appropriate health professionals?

## Bereavement Assessment and Plan of Care

- An initial bereavement assessment is required as part of the initial comprehensive assessment.
- Bereavement risk must be considered throughout the hospice election and integrated into the Plan of Care (discuss at IDG). Think of bereavement assessment as you would ongoing pain assessment.
- Bereavement needs may change – think pain assessment.
- Bereavement contacts may change.

## Bereavement Risk Considerations

- ✓History of previous losses
- ✓Family problems
- ✓Financial concerns
- ✓Communication issues
- ✓Drug and alcohol abuse
- ✓Health concerns
- ✓Legal and financial concern
- ✓Mental health issues
- ✓Presence or absence of a support system
- ✓Feelings of despair, anger, guilt or abandonment.

**These issues, as identified, should be incorporated into the hospice plan of care as they become evident.**

## Post-death Bereavement Counseling Services and Projects

- The bereavement POC must contain the type and frequency of services offered. Outcomes and effectiveness should be evaluated.
- Documentation should support bereavement services were offered and furnished for up to 13 months following the death of the patient, using an established Plan of Care, under the supervision of a qualified professional or declined.
- Memorial services
- Individual and group counseling services
- Educational programs

## Post-death Bereavement Counseling Services and Projects

- Educational materials/newsletters
- Handwritten notes
- Grief camp
- Collaboration with schools, churches, children's programs – Ex: Boys and Girls Club to offer grief support for children.
- Project ideas – art projects or writing projects, music.

## Bereavement and Survey

- Surveyors are required to review a specific number of bereavement records based on the unduplicated admissions for the last 12 months.

**Table 1. Survey Sample Table**

| Number of Admissions (Past 12 Months) | Closed Records (Live Discharges) | Closed Records (Bereavement Records) | Record Review—No Home Visit (RR-NHV) | Record Review with Home Visit (RR-HV) | Total Minimum Sample | Inclusion of Records from Multiple-Location(s) |
|---|---|---|---|---|---|---|
| < 150 | 2 | 2 | 7 | 3 | 14 | The number of records from each multiple location should be proportionate. Include at least one RR-NHV or RR-HV from each location[1] |
| 150-750 | 2 | 3 | 10 | 4 | 19 | |
| 751-1250 | 2 | 3 | 12 | 6 | 23 | |
| 1251 or more | 3 | 4 | 14 | 6 | 27 | |

## Bereavement and Survey

- Surveyors will select bereavement records based on the unduplicated admissions count and will request a list of family members receiving bereavement counseling/services.
- The sample will be selected from all sites served under the Medicare certification number.
- Bereavement supervisor requirements – must be a qualified profession with experience or education in grief or loss.
- Bereavement contact information should include the family/caregiver name, contact information such as address, phone number, email address as examples.
- Surveyors may review grief assessments, questionnaires to determine how screening for bereavement risk/needs is performed.
- Prepare the bereavement coordinator for survey interview.

## Resources

- Independent Sector – Value of Volunteer - https://independentsector.org/wp-content/uploads/2025/04/vovt-report-2025.pdf
- National Alliance for Care at Home – Compliance Tools and Resources – FAQ Hospice Volunteer Regulatory Questions https://allianceforcareathome.org/wp-content/uploads/Volunteer_FAQs.pdf
- IRS 12/19/24 2025 Mileage rates - https://www.irs.gov/newsroom/irs-increases-the-standard-mileage-rate-for-business-use-in-2025-key-rate-increases-3-cents-to-70-cents-per-mile
- National Alliance for Care at Home – Medicare Hospice CoPs Participation Volunteer 5% cost Savings Match Information Sheet - https://allianceforcareathome.org/wp-content/uploads/Volunteer_Cost_Savings_Information.pdf
- Wages and the Fair Labor Standards Act https://www.dol.gov/agencies/whd/flsa
- Crossing the Line – Real Stories of Boundary Violations - https://nhchc.org/wp-content/uploads/2019/08/Crossing_the_Line_October_2011_NewsLine.pdf
- Medicare Hospice CoP Bereavement NHPCO - June 2022 https://allianceforcareathome.org/wp-content/uploads/BereavementCoPTip_Sheet.pdf


**Have any questions?**

Scan the QR Code to schedule a call!

## *Thank You for Participating!*

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