



Safeguards for Medicare Patients in Hospice Care



What's Changed?

Note: No substantive content updates.

Hospice Patient Rights

Hospice care supports the emotional and physical needs of terminally ill patients, with a life expectancy of 6 months or less, and helps their families and other caregivers throughout the process. Patients who elect hospice care are an especially vulnerable population and have the right to be free from abuse, neglect, mistreatment, and deserve to have their personal property kept safe. Hospices can cause harm when they deprive patients of these basic rights.

Types of Abuse & Neglect

When a patient elects hospice care, the hospice is responsible for providing all services related to the patient's terminal illness and related conditions, in addition to making sure others respect the patient's rights. If a hospice doesn't follow Medicare requirements relating to patient rights, instances of abuse or neglect may occur, causing harm to the patient.

Examples of abuse include:

- **Verbal abuse:** Includes the use of oral, written, or gestured language that willfully includes disparaging and derogatory terms to patients or their families, or within their hearing distance, regardless of their age, ability to comprehend, or disability
- **Mental abuse:** Includes humiliation, harassment, and threats of punishment or deprivation
- **Sexual abuse:** Includes, but isn't limited to, sexual harassment, coercion, or assault
- **Physical abuse:** Includes, but isn't limited to, hitting, slapping, pinching, kicking, and controlling behavior through corporal punishment
- **Neglect:** Means failure to provide goods and services necessary to avoid physical harm or mental anguish

Neglect in hospice may be difficult to identify and may result from inaction from the hospice or its employees.

Examples of neglect include:

- The hospice not addressing the psychological, emotional, or spiritual distress of the patient or caregiver
- A failure of the hospice to manage symptoms or conditions that worsen the pain and discomfort for a patient
- The lack or diversion of comfort medication to address pain and symptom management
- A failure of the hospice to respond to requests for increased pain control or symptom management
- The hospice not responding to repeated calls from the patient or caregiver for pain or symptom management, including calls on weekends or after normal business hours
- The hospice not providing reasonable and appropriate wound management
- Insufficient care or a lack of response from the hospice that results in the patient seeking emergency services to alleviate symptoms

Reporting Abuse & Neglect

We require hospices to immediately report all alleged violations involving mistreatment, neglect, or verbal, mental, sexual, and physical abuse, including injuries of unknown source and misappropriation of patient property, by anyone furnishing services on behalf of the hospice, to the hospice administrator. Additionally, the hospice must:

- Immediately investigate all alleged violations involving anyone furnishing services on behalf of the hospice and immediately take action to prevent further potential violations. The hospice must conduct investigations or document all alleged violations following established procedures.
- Take appropriate corrective action under state law if the hospice administration or an outside body with jurisdiction like the State Survey Agency or local law enforcement agency verifies the alleged violation.
- Report verified violations to state and local bodies with jurisdiction (including the state survey and certification agency) within 5 working days of becoming aware of the violation.

If a hospice doesn't act on these requirements it doesn't prevent hospice employees from independently reporting suspected violations of patient rights to the [State Survey Agency](#) or other authorities. Many hospice care providers and their staff have mandatory reporting requirements in their state making them legally responsible to report suspicions of abuse to appropriate state authorities.

Anyone making a complaint to a State Survey Agency may request to remain anonymous. Each State Survey Agency maintains a toll-free complaint reporting hotline as well as other complaint reporting methods like online, written, and fax submissions. Programs like Adult Protective Services (APS) and the Long-Term Care Ombudsmen can help in reporting these instances.

Visit the [Eldercare webpage](#) to learn more about elder abuse, prevention, and reporting.

Hospice Conditions of Participation

To participate in Medicare, hospices must meet federal requirements called Conditions of Participation (CoPs), or standards for health and safety. Hospices are surveyed at least once every 3 years to verify their compliance with federal requirements.

Hospices may choose a state agency or a CMS-approved accrediting organization to conduct their survey. A primary role of the hospice surveyor is to identify any quality of care concerns that may violate patient's rights. Surveyors conduct home visits and interviews with patients and staff, as well as observe the facility's condition and operations. The surveyor documents all findings in an official survey.

Complaints from patients, caregivers, health care providers, or others can result in additional inspections. We track complaints, categorizing them into different severity levels to determine which actions to take. For more severe complaints, we require the state agency to conduct onsite surveys to investigate within certain timeframes.

Resources

- [Safeguards Must Be Strengthened to Protect Medicare Hospice Patients from Harm, U.S. Department of Health & Human Services \(HHS\) Office of Inspector General \(July 2019\)](#)
- [Hospice Deficiencies Pose Risks to Medicare Beneficiaries, U.S. Department of Health & Human Services \(HHS\) Office of Inspector General \(July 2019\)](#)
- [Eldercare Locator](#)
- [Contact Information for Filing a Complaint with the state survey agency](#)
- [State Operations Manual Appendix M – Guidance to Surveyors - Hospice](#)
- [CMS Hospice Handbook](#)

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