

**§30.12. Duration of Hospice Care Coverage: ~~Election Periods.~~**

(a) Subject to the conditions ~~required by set forth in~~ this subchapter, an individual may elect to receive hospice care ~~for a six-month period~~ during one or more of the following periods:

(1) ~~an~~ an initial 90-day period;

(2) ~~a~~ A subsequent 90-day period; or

(3) ~~an~~ An unlimited number of subsequent 60 day-periods.

~~(b) An individual may elect. The periods of care are in subsection (a) this section. six-month increments of time and may be elected consecutively or separately at different times.~~

Chapter 30, Medicaid Hospice Program  
Subchapter B, Eligibility Requirements

**§30.14. Certification of Terminal Illness and Record Maintenance.**

(a) Timing of certification.

(1) ~~A~~The hospice must obtain ~~an~~the oral certification of terminal illness from a physician no later than two calendar days after ~~a~~ ~~the~~ period as referenced in §30.12 of this chapter (relating to Duration of Hospice Care Coverage: ~~Election Periods~~) begins.

(2) For the initial ~~period~~, the physicians identified in subsection (c) of this section must sign and date the certification statement on the Medicaid Hospice ~~Program~~ Physician Certification of Terminal Illness form before the hospice submits an initial request for payment and before each period expires. ~~The physician must sign and date the Medicaid Hospice Program Physician Certification of Terminal Illness form in all cases before the expiration date of each six-month certification election period.~~ The hospice must submit ~~F~~forms must be submitted by the hospice as outlined in §30.62 of this chapter (relating to Medicaid Hospice Claims Requirements) ~~and must be submitted~~ before submitting a claim ~~billing~~.

(b) Content of certification statement. The certification statement must:

(1) specify that the individual's prognosis is for a life expectancy of six months or less if the terminal illness runs its normal course; and

(2). ~~The certification statement must~~ be based on record review or consultation with the referring physician.

(c) Sources of certification. For the initial period, the hospice must obtain written certification statements; and oral certification statements ~~if~~ required under subsection (a) ~~(2)~~ of this section; from:

(1) the medical director of the hospice or the physician who is a member of the hospice interdisciplinary group; and

(2) the individual's attending physician if the individual has an attending physician.

(d) Documentation.

(1) After the hospice receives ~~Upon receipt of~~ the certification statement, hospice staff must:

(A) for oral certification:

(i) make an appropriate entry in the individual's patient's medical record as soon as the hospice ~~they~~ receives thean oral certification; and

(ii) notify the nursing facility or the intermediate care facility for ~~individuals~~persons with ~~intellectual disabilities~~mental retardation or related conditions (ICF/~~IDMR-RC~~) of oral certification, when applicable; and

(B) file written certifications in the medical record.

(2) Documentation must include the name of the physician who makes the oral certification and the date ~~the hospice received the certification~~it was received. The ~~hospice staff person~~ individual who makes the entry into the ~~individual's~~recipient's record must sign and date the entry.

—(e) ~~Face-to-face~~ Client-specific assessment. ~~To determine an individual's continued eligibility for hospice care, a hospice physician or hospice advanced practice registered nurse~~ practitioner must perform a face-to-face assessment of the individual.

(1) ~~For subsequent periods after the first year, the hospice must conduct a client-specific comprehensive~~ The face-to-face assessment ~~must that~~:

(A) ~~contain a narrative from one of the physicians referenced in subsection (c) of this section that clearly identifies the reasons the individual is considered terminally ill, with a prognosis of less than six months to live; and~~

~~(B) identify~~ies the ~~individual's~~client's need for hospice services in the

areas of medical, nursing, social, emotional, and spiritual care. Hospice services include, ~~but are not limited to,~~ the palliation and management of the terminal illness and conditions related to the terminal illness; ~~and~~

~~—(B) contains a narrative from the physician as referenced in subsection (c) that clearly identifies the reasons the patient is considered terminally ill, with a prognosis of less than six months to live.~~

(2) The ~~hospice must complete a face-to-face assessment within the 30 calendar days that precede each 60-day period. assessment must be done no earlier than 30 workdays before the recertification date.~~

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~~(3) For individuals who are dually eligible for Medicare and Medicaid, the Medicare face-to-face encounter will meet the requirement suffice for the Medicaid face-to-face assessment.~~

(f) Record maintenance. The hospice ~~provider~~ must retain in the individual's hospice records and nursing facility clinical records or ICF/IID records, as applicable documentation to support the services provided by the hospice, including as applicable: a copies of:

1) the all physician certification statements;

\_\_\_\_\_ 2) a current Minimum Data Set (~~MDS~~) ~~assessment~~ or ~~current~~ level of need  
(~~LON~~) assessment if the individual resides in a nursing facility or an ICF/IID; ~~if~~  
~~applicable~~, and

\_\_\_\_\_ 3) the documented face-to-face ~~client-specific comprehensive~~ assessment or  
face-to-face encounter, ~~as applicable~~ in the recipient's records at the hospice and  
~~the nursing facility clinical record or ICF/MR-RC client record, if applicable.~~