

(c) *Repayment.* The principal amount of each loan or loan guarantee, together with interest thereon is repayable in accordance with a repayment schedule that is agreed upon by the parties to the loan or loan guarantee and approved by the Secretary before or at the time of endorsement of the loan. Unless otherwise specifically authorized by the Secretary, each loan made or guaranteed by the Secretary is repayable in substantially level combined installments of principal and interest to be paid at intervals not less frequently than annually, sufficient in amount to amortize the loan through the final year of the life of the loan. Principal repayment during the first 60 months of operation could be deferred with payment of interest only during that period. The Secretary could set rates of interest for each disbursement at a rate comparable to the rate of interest prevailing on the date of disbursement for marketable obligations of the United States of comparable maturities, adjusted to provide for appropriate administrative charges.

[59 FR 49842, Sept. 30, 1994]

**§ 417.940 Civil action to enforce compliance with assurances.**

The provisions of § 417.163(g) apply to entities that have outstanding loans or loan guarantees administered under this subpart.

[59 FR 49843, Sept. 30, 1994]

**PART 418—HOSPICE CARE**

**Subpart A—General Provision and Definitions**

Sec.

- 418.1 Statutory basis.
- 418.2 Scope of part.
- 418.3 Definitions.

**Subpart B—Eligibility, Election and Duration of Benefits**

- 418.20 Eligibility requirements.
- 418.21 Duration of hospice care coverage—Election periods.
- 418.22 Certification of terminal illness.
- 418.24 Election of hospice care.
- 418.28 Revoking the election of hospice care.
- 418.30 Change of the designated hospice.

**Subpart C—Conditions of Participation—General Provisions and Administration**

- 418.50 Condition of participation—General provisions.
- 418.52 Condition of participation—Governing body.
- 418.54 Condition of participation—Medical director.
- 418.56 Condition of participation—Professional management.
- 418.58 Condition of participation—Plan of care.
- 418.60 Condition of participation—Continuation of care.
- 418.62 Condition of participation—Informed consent.
- 418.64 Condition of participation—Inservice training.
- 418.66 Condition of participation—Quality assurance.
- 418.68 Condition of participation—Interdisciplinary group.
- 418.70 Condition of participation—Volunteers.
- 418.72 Condition of participation—Licensure.
- 418.74 Condition of participation—Central clinical records.

**Subpart D—Conditions of Participation: Core Services**

- 418.80 Condition of participation—Furnishing of core services.
- 418.82 Condition of participation—Nursing services.
- 418.83 Nursing services—Waiver of requirement that substantially all nursing services be routinely provided directly by a hospice.
- 418.84 Condition of participation—Medical social services.
- 418.86 Condition of participation—Physician services.
- 418.88 Condition of participation—Counseling services.

**Subpart E—Conditions of Participation: Other Services**

- 418.90 Condition of participation—Furnishing of other services.
- 418.92 Condition of participation—Physical therapy, occupational therapy, and speech-language pathology.
- 418.94 Condition of participation—Home health aide and homemaker services.
- 418.96 Condition of participation—Medical supplies.
- 418.98 Condition of participation—Short term inpatient care.
- 418.100 Condition of participation—Hospices that provide inpatient care directly.

§ 418.1

**Subpart F—Covered Services**

- 418.200 Requirements for coverage.
- 418.202 Covered services.
- 418.204 Special coverage requirements.

**Subpart G—Payment for Hospice Care**

- 418.301 Basic rules.
- 418.302 Payment procedures for hospice care.
- 418.304 Payment for physician services.
- 418.306 Determination of payment rates.
- 418.307 Periodic interim payments.
- 418.308 Limitation on the amount of hospice payments.
- 418.309 Hospice cap amount.
- 418.310 Reporting and recordkeeping requirements.
- 418.311 Administrative appeals.

**Subpart H—Coinsurance**

- 418.400 Individual liability for coinsurance for hospice care.
- 418.402 Individual liability for services that are not considered hospice care.
- 418.405 Effect of coinsurance liability on Medicare payment.

AUTHORITY: Secs. 1102 and 1871 of the Social Security Act (42 U.S.C. 1302 and 1395hh).

SOURCE: 48 FR 56026, Dec. 16, 1983, unless otherwise noted.

**Subpart A—General Provision and Definitions**

**§ 418.1 Statutory basis.**

This part implements section 1861(dd) of the Social Security Act. Section 1861(dd) specifies services covered as hospice care and the conditions that a hospice program must meet in order to participate in the Medicare program. The following sections of the Act are also pertinent:

- (a) Sections 1812(a) (4) and (d) of the Act specify eligibility requirements for the individual and the benefit periods.
- (b) Section 1813(a)(4) of the Act specifies coinsurance amounts.
- (c) Sections 1814(a)(7) and 1814(i) of the Act contain conditions and limitations on coverage of, and payment for, hospice care.
- (d) Sections 1862(a) (1), (6) and (9) of the Act establish limits on hospice coverage.

[48 FR 56026, Dec. 16, 1983, as amended at 57 FR 36017, Aug. 12, 1992]

**§ 418.2 Scope of part.**

Subpart A of this part sets forth the statutory basis and scope and defines terms used in this part. Subpart B specifies the eligibility requirements and the benefit periods. Subpart C specifies conditions of participation for hospices. Subpart D describes the covered services and specifies the limits on services covered as hospice care. Subpart E specifies the reimbursement methods and procedures. Subpart F specifies coinsurance amounts applicable to hospice care.

**§ 418.3 Definitions.**

For purposes of this part—

*Attending physician* means a physician who—

(a) Is a doctor of medicine or osteopathy; and

(b) Is identified by the individual, at the time he or she elects to receive hospice care, as having the most significant role in the determination and delivery of the individual's medical care.

*Bereavement counseling* means counseling services provided to the individual's family after the individual's death.

*Cap period* means the twelve-month period ending October 31 used in the application of the cap on overall hospice reimbursement specified in § 418.309.

*Employee* means an employee (defined by section 210(j) of the Act) of the hospice or, if the hospice is a subdivision of an agency or organization, an employee of the agency or organization who is appropriately trained and assigned to the hospice unit. "Employee" also refers to a volunteer under the jurisdiction of the hospice.

*Hospice* means a public agency or private organization or subdivision of either of these that—is primarily engaged in providing care to terminally ill individuals.

*Physician* means physician as defined in § 410.20 of this chapter.

*Representative* means an individual who has been authorized under State law to terminate medical care or to elect or revoke the election of hospice care on behalf of a terminally ill individual who is mentally or physically incapacitated.