

4664.0110 PLAN OF CARE.

Subpart 1. **Plan of care.** Each hospice patient and hospice patient's family must have a current and up-to-date written plan of care. The plan of care must be based on the assessments described in part 4664.0100 and developed by the interdisciplinary team, medical director or designee, and the attending physician prior to providing hospice care. The plan of care must be developed with the active participation of the hospice patient or the hospice patient's responsible person. The plan of care must:

A. reflect the current individualized needs of the hospice patient and the hospice patient's family and be based on the current assessments;

B. address the palliative care of the hospice patient, including medication side effects and monitoring;

C. include a description and frequency of hospice services needed to meet the hospice patient's and hospice patient family's needs. Services must include bereavement counseling for the hospice patient's family for up to one year following the death of the patient; and

D. include identification of the persons or categories of persons who are to provide the hospice services.

Subp. 2. **Implementation.** A hospice provider must ensure that hospice services are provided according to the plan of care.

Subp. 3. **Copy of plan of care.** A hospice provider must provide the hospice patient or the responsible person a copy of the initial plan of care. Changes to the plan of care must be made available to the hospice patient or responsible person upon request.

Subp. 4. **Fines.** For each violation of the following subparts, the stated fine shall be assessed:

A. subpart 1, \$300;

B. subpart 2, \$350; and

C. subpart 3, \$50.

Statutory Authority: *MS s 144A.752*

History: *28 SR 1639*

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