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Title 42 - Public Health

Chapter IV - Centers for Medicare & Medicaid Services, Department of Health and Human Services

Subchapter G - Standards and Certification

Part 488 - Survey, Certification, and Enforcement Procedures

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Subpart N - Enforcement Remedies for Hospice Programs With Deficiencies

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§488.1200 Statutory basis.

Section 1822 of the Act authorizes the Secretary to take actions to remove and correct deficiencies in a hospice program through an enforcement remedy or termination or both. This section specifies that these remedies are in addition to any others available under State or Federal law, and, except for the final determination of civil money penalties, are imposed prior to the conduct of a hearing.

§488.1205 Definitions.

As used in this subpart -

Directed plan of correction means CMS or the temporary manager (with CMS/survey agency (SA) approval) may direct the hospice program to take specific corrective action to achieve specific outcomes within specific timeframes.

Immediate jeopardy means a situation in which the provider's noncompliance with one or more requirements of participation has caused, or is likely to cause, serious injury, harm, impairment, or death to a patient(s).

New admission means an individual who becomes a patient or is readmitted to the hospice program on or after the effective date of a suspension of payment remedy.

Per instance means a single event of noncompliance identified and corrected during a survey, for which the statute authorizes CMS to impose a remedy.

Plan of correction means a plan developed by the hospice program and approved by CMS that is the hospice program's written response to survey findings detailing corrective actions to cited deficiencies and specifies the date by which those deficiencies will be corrected.

Repeat deficiency means a condition-level deficiency that is cited on the current survey and is substantially the same as or similar to, a finding of a standard-level or condition-level deficiency cited on the most recent previous standard survey or on any intervening survey since the most recent standard survey. Repeated non-compliance is not on the basis that the exact regulation (that is, tag number) for the deficiency was repeated.

Temporary management means the temporary appointment by CMS or by a CMS authorized agent, of a substitute manager or administrator. The hospice program's governing body must ensure that the temporary manager has authority to hire, terminate or reassign staff, obligate funds, alter procedures, and manage the hospice program to correct deficiencies identified in the hospice program's operation.

§488.1210 General provisions.

- (a) **Purpose of remedies.** The purpose of remedies is to ensure prompt compliance with program requirements in order to protect the health and safety of individuals under the care of a hospice program.
- (b) **Basis for imposition of remedies.** When CMS chooses to apply one or more remedies specified in § 488.1220, the remedies are applied on the basis of noncompliance with one or more conditions of participation and may be based on failure to correct previous deficiency findings as evidenced by repeat condition-level deficiencies.
- (c) **Number of remedies.** CMS may impose one or more remedies specified in § 488.1220 for each condition-level deficiency constituting noncompliance.
- (d) **Plan of correction requirement.** Regardless of which remedy is applied, a non-compliant hospice program must submit a plan of correction for approval by CMS or the State Survey Agency.
- (e) **Notification requirements -**
 - (1) **Notice of intent.** CMS provides written notification to the hospice program of the intent to impose the remedy, the statutory basis for the remedy, the nature of the noncompliance, the proposed effective date of the sanction, and the appeal rights. For civil money penalties, the notice of intent would also include the amount being imposed.
 - (2) **Final notice.** With respect to civil money penalties, CMS provides a written final notice to the hospice program, as set forth in § 488.1245(e), once the administrative determination is final.
 - (3) **Date of enforcement action.** The notice periods specified in §§ 488.1225(b) and 488.1230(b) begin the day after the hospice receives the notice of intent.
- (f) **Appeals.**
 - (1) The hospice program may request a hearing on a determination of noncompliance leading to the imposition of a remedy, including termination of the provider agreement, under the provisions of part 498 of this chapter.
 - (2) A pending hearing does not delay the effective date of a remedy, including termination, against a hospice program. Remedies continue to be in effect regardless of the timing of any appeals proceedings.

§488.1215 Factors to be considered in selecting remedies.

CMS bases its choice of remedy or remedies on consideration of one or more factors that include, but are not limited to, the following:

- (a) The extent to which the deficiencies pose immediate jeopardy to patient health and safety.
- (b) The nature, incidence, manner, degree, and duration of the deficiencies or noncompliance.
- (c) The presence of repeat deficiencies, the hospice program's overall compliance history and any history of repeat deficiencies at either the parent hospice program or any of its multiple locations.
- (d) The extent to which the deficiencies are directly related to a failure to provide quality patient care.
- (e) The extent to which the hospice program is part of a larger organization with performance problems.
- (f) An indication of any system-wide failure to provide quality care.

§488.1220 Available remedies.

The following enforcement remedies are available instead of, or in addition to, termination of the hospice program's provider agreement under § 489.53 of this chapter, for a period not to exceed 6 months:

- (a) Civil money penalties.
- (b) Suspension of payment for all new patient admissions.
- (c) Temporary management of the hospice program.
- (d) Directed plan of correction.
- (e) Directed in-service training.

§488.1225 Action when deficiencies pose immediate jeopardy.

- (a) **Immediate jeopardy.** If there is immediate jeopardy to the hospice program's patient health or safety, the following rules apply:
 - (1) CMS immediately terminates the hospice program provider agreement in accordance with § 489.53 of this chapter.
 - (2) CMS terminates the hospice program provider agreement no later than 23 calendar days from the last day of the survey, if the immediate jeopardy has not been removed by the hospice program.

- (3) In addition to a termination, CMS may impose one or more enforcement remedies, as appropriate.
- (b) **2-calendar day notice.** Except for civil money penalties, for all remedies specified in § 488.1220 imposed when there is immediate jeopardy, notice must be given at least 2 calendar days before the effective date of the enforcement action. The requirements of the notice are set forth in § 488.1210(e).
- (c) **Transfer of care.** A hospice program, if its provider agreement is terminated, is responsible for providing information, assistance, and arrangements necessary for the proper and safe transfer of patients to another local hospice program within 30 calendar days of termination.

§ 488.1230 Action when deficiencies are at the condition-level but do not pose immediate jeopardy.

- (a) **Noncompliance with conditions of participation.** If the hospice program is no longer in compliance with the conditions of participation, either because the condition-level deficiency or deficiencies substantially limit the provider's capacity to furnish adequate care but do not pose immediate jeopardy, or the hospice program has repeat condition-level deficiencies based on the hospice program's failure to correct and sustain compliance, CMS does either of the following.
 - (1) Terminates the hospice program's provider agreement.
 - (2) Imposes one or more enforcement remedies set forth in § 488.1220(a) through (e) in lieu of termination, for a period not to exceed 6 months.
- (b) **15-calendar day notice.** Except for civil money penalties, for all remedies specified in § 488.1220 imposed when there is no immediate jeopardy, notice must be given at least 15 calendar days before the effective date of the enforcement action. The requirements of the notice are set forth in § 488.1210(e).
- (c) **Not meeting criteria for continuation of payment.** If a hospice program does not meet the criteria for continuation of payment under § 488.1260(a), CMS terminates the hospice program's provider agreement in accordance with § 488.1265.
- (d) **Termination timeframe when there is no immediate jeopardy.** CMS terminates a hospice program within 6 months of the last day of the survey, if the hospice program is not in compliance with the conditions of participation, and the terms of the plan of correction have not been met.
- (e) **Transfer of care.** A hospice program, if its provider agreement terminated, is responsible for providing information, assistance, and arrangements necessary for the proper and safe transfer of patients to another local hospice program within 30 calendar days of termination. The State must assist the hospice program in the safe and orderly transfer of care and services for the patients to another local hospice program.

§ 488.1235 Temporary management.

- (a) **Application.** CMS may impose temporary management of a hospice program if it determines that a hospice program has a condition-level deficiency and CMS determines that management limitations or the deficiencies are likely to impair the hospice program's ability to correct the noncompliance and return the hospice program to compliance with all of the conditions of participation within the timeframe required.
- (b) **Procedures -**
 - (1) **Notice of intent.** Before imposing the remedy in paragraph (a) of this section, CMS notifies the hospice program in accordance with § 488.1210(e) that a temporary manager is being appointed.
 - (2) **Termination.** If the hospice program fails to relinquish authority and control to the temporary manager, CMS terminates the hospice program's provider agreement in accordance with § 488.1265.
- (c) **Duration and effect of remedy.** Temporary management continues until one of the following occur:
 - (1) CMS determines that the hospice program has achieved substantial compliance and has the management capability to ensure continued compliance with all the conditions of participation.
 - (2) CMS terminates the provider agreement.
 - (3) The hospice program resumes management control without CMS approval. In this case, CMS initiates termination of the provider agreement and may impose additional remedies.
 - (4) Temporary management will not exceed a period of 6 months from the date of the survey identifying noncompliance.
- (d) **Payment of salary.**
 - (1) The temporary manager's salary must meet the following:
 - (i) Is paid directly by the hospice program while the temporary manager is assigned to that hospice program.
 - (ii) Must be at least equivalent to the sum of the following:
 - (A) The prevailing salary paid by providers for positions of this type in what the State considers to be the hospice program's geographic area (prevailing salary based on the Bureau of Labor Statistics, National Occupational Employment and Wage Estimates).

- (B) Any additional costs that would have reasonably been incurred by the hospice program if such person had been in an employment relationship.
 - (C) Any other costs incurred by such a person in furnishing services under such an arrangement or as otherwise set by the State.
- (2) A hospice program's failure to pay the salary and other costs of the temporary manager described in paragraph (d)(1) of this section is considered a failure to relinquish authority and control to temporary management.

§ 488.1240 Suspension of payment for all new patient admissions.

(a) **Application.**

- (1) CMS may suspend payment for all new admissions to a hospice program on or after the date on which the Secretary determines that remedies should be imposed.
- (2) CMS considers the remedy in paragraph (a)(1) of this section for any deficiency related to poor patient care outcomes, regardless of whether the deficiency poses immediate jeopardy.

(b) **Procedures -**

(1) **Notice of intent.**

- (i) Before suspending payments for all new admissions, CMS provides the hospice program notice of the suspension of payment in accordance with § 488.1210(e).
- (ii) The hospice program may not charge a newly admitted hospice patient who is a Medicare beneficiary for services for which Medicare payment is suspended unless the hospice program can show that, before initiating care, it gave the patient or his or her representative oral and written notice of the suspension of Medicare payment in a language and manner that the beneficiary or representative can understand.

(2) **Restriction.**

- (i) The suspension of payment for all new admissions remedy may be imposed anytime a hospice program is found to be out of substantial compliance with the conditions of participation.
- (ii) The suspension of payment for all new admissions remains in place until CMS determines that the hospice program has achieved substantial compliance with the conditions of participation or is terminated, as determined by CMS.

- (3) **Resumption of payments.** Payments for all new admissions to the hospice program resume prospectively on the date that CMS determines that the hospice program has achieved substantial compliance with the conditions of participation.

(c) **Duration and effect of remedy.** The remedy in paragraph (a) of this section ends when any of the following occur -

- (1) CMS determines that the hospice program has achieved substantial compliance with all of the conditions of participation.
- (2) When the hospice program is terminated or CMS determines that the hospice program is not in compliance with the conditions of participation at a maximum of 6 months from the date of the survey identifying the noncompliance.

§ 488.1245 Civil money penalties.

(a) **Application.**

- (1) CMS may impose a civil money penalty against a hospice program for either the number of days the hospice program is not in compliance with one or more conditions of participation or for each instance that a hospice program is not in compliance, regardless of whether the hospice program's deficiencies pose immediate jeopardy.
- (2) CMS may impose a civil money penalty for the number of days of immediate jeopardy.
- (3) A per-day and a per-instance civil money penalty (CMP) may not be imposed simultaneously for the same deficiency in conjunction with a survey.
- (4) CMS may impose a civil money penalty for the number of days of noncompliance since the last standard survey, including the number of days of immediate jeopardy.

(b) **Amount of penalty -**

- (1) **Factors considered.** CMS takes into account the following factors in determining the amount of the penalty:

- (i) The factors set out at § 488.1215.
- (ii) The size of a hospice program and its resources.
- (iii) Evidence that the hospice program has a built-in, self-regulating quality assessment and performance improvement system to provide proper care, prevent poor outcomes, control patient injury, enhance quality, promote safety, and avoid risks to patients on a sustainable basis that indicates the ability to meet the conditions of participation and to ensure patient health and safety.

- (2) **Adjustments to penalties.** Based on revisit survey findings, adjustments to penalties may be made after a review of the provider's attempted correction of deficiencies.
- (i) CMS may increase a CMP in increments based on a hospice program's inability or failure to correct deficiencies, the presence of a system-wide failure in the provision of quality care, or a determination of immediate jeopardy with actual harm versus immediate jeopardy with potential for harm.
 - (ii) CMS may also decrease a CMP in increments to the extent that it finds, in accordance with a revisit, that substantial and sustainable improvements have been implemented even though the hospice program is not yet in compliance with the conditions of participation.
 - (iii) No penalty assessment exceeds \$10,000, as adjusted annually under 45 CFR part 102, for each day a hospice program is not in substantial compliance with one or more conditions of participation.
- (3) **Upper range of penalty.** Penalties in the upper range of \$8,500 to \$10,000 per day, as adjusted annually under 45 CFR part 102, are imposed for a condition-level deficiency that is immediate jeopardy. The penalty in this range continues until substantial compliance can be determined based on a revisit survey.
- (i) \$10,000, as adjusted annually under 45 CFR part 102, per day for a deficiency or deficiencies that are immediate jeopardy and that result in actual harm.
 - (ii) \$9,000, as adjusted annually under 45 CFR part 102, per day for a deficiency or deficiencies that are immediate jeopardy and that result in a potential for harm.
 - (iii) \$8,500, as adjusted annually under 45 CFR part 102, per day for a deficiency based on an isolated incident in violation of established hospice policy.
- (4) **Middle range of penalty.** Penalties in the range of \$1,500 up to \$8,500, as adjusted annually under 45 CFR part 102, per day of noncompliance are imposed for a repeat or condition-level deficiency or both that does not constitute immediate jeopardy but is directly related to poor quality patient care outcomes.
- (5) **Lower range of penalty.** Penalties in this range of \$500 to \$4,000, as adjusted annually under 45 CFR part 102, are imposed for a repeat or condition-level deficiency or both that does not constitute immediate jeopardy and that are related predominately to structure or process-oriented conditions rather than directly related to patient care outcomes.
- (6) **Per instance penalty.** Penalty imposed per instance of noncompliance may be assessed for one or more singular events of condition-level deficiency that are identified and where the noncompliance was corrected during the onsite survey. When penalties are imposed for per instance of noncompliance, or more than one per instance of noncompliance, the penalties will be in the range of \$1,000 to \$10,000 per instance, not to exceed \$10,000 each day of noncompliance, as adjusted annually under 45 CFR part 102.
- (7) **Decreased penalty amounts.** If the immediate jeopardy situation is removed, but a condition-level deficiency exists, CMS shifts the penalty amount imposed per day from the upper range to the middle or lower range. An earnest effort to correct any systemic causes of deficiencies and sustain improvement must be evident.
- (8) **Increased penalty amounts.**
- (i) In accordance with paragraph (b)(2) of this section, CMS increases the per day penalty amount for any condition-level deficiency or deficiencies which, after imposition of a lower-level penalty amount, become sufficiently serious to pose potential harm or immediate jeopardy.
 - (ii) CMS increases the per day penalty amount for deficiencies that are not corrected and found again at the time of revisit survey(s) for which a lower-level penalty amount was previously imposed.
 - (iii) CMS may impose a more severe amount of penalties for repeated noncompliance with the same condition-level deficiency or uncorrected deficiencies from a prior survey.
- (c) **Procedures -**
- (1) **Notice of intent.** CMS provides the hospice program with written notice of the intent to impose a civil money penalty in accordance with § 488.1210(e).
- (2) **Appeals -**
- (i) **Appeals procedures.** A hospice program may request a hearing on the determination of the noncompliance that is the basis for imposition of the civil money penalty. The request must meet the requirements in § 498.40 of this chapter.
 - (ii) **Waiver of a hearing.** A hospice program may waive the right to a hearing, in writing, within 60 calendar days from the date of the notice imposing the civil money penalty. If a hospice program timely waives its right to a hearing, CMS reduces the penalty amount by 35 percent, and the amount is due within 15 calendar days of the hospice program agreeing in writing to waive the hearing. If the hospice program does not waive its right to a hearing in accordance to the procedures specified in this section, the civil money penalty is not reduced by 35 percent.
- (d) **Accrual and duration of penalty -**
- (1) **Accrual of per day penalty.**
- (i) The per day civil money penalty may start accruing as early as the beginning of the last day of the survey that determines that the hospice program was out of compliance, as determined by CMS.

- (ii) A civil money penalty for each per instance of noncompliance is imposed in a specific amount for that particular deficiency, with a maximum of \$10,000 per day per hospice program.
- (2) ***Duration of per day penalty when there is immediate jeopardy.***
 - (i) In the case of noncompliance that poses immediate jeopardy, CMS must terminate the provider agreement within 23 calendar days after the last day of the survey if the immediate jeopardy is not removed.
 - (ii) A penalty imposed per day of noncompliance will stop accruing on the day the provider agreement is terminated or the hospice program achieves substantial compliance, whichever occurs first.
- (3) ***Duration of penalty when there is no immediate jeopardy.***
 - (i) In the case of noncompliance that does not pose immediate jeopardy, the daily accrual of per day civil money penalties is imposed for the days of noncompliance prior to the notice of intent specified in paragraph (c)(1) of this section and an additional period of no longer than 6 months following the last day of the survey.
 - (ii) If the hospice program has not achieved compliance with the conditions of participation within 6 months following the last day of the survey, CMS terminates the provider agreement. The accrual of civil money penalty stops on the day the hospice program agreement is terminated or the hospice program achieves substantial compliance, whichever is earlier.
- (e) ***Computation and notice of total penalty amount.***
 - (1) When a civil money penalty is imposed on a per day basis and the hospice program achieves compliance with the conditions of participation as determined by a revisit survey, once the administrative determination is final, CMS sends a final notice to the hospice program containing of the following information:
 - (i) The amount of penalty assessed per day.
 - (ii) The total number of days of noncompliance.
 - (iii) The total amount due.
 - (iv) The due date of the penalty.
 - (v) The rate of interest to be assessed on any unpaid balance beginning on the due date, as provided in paragraph (f)(6) of this section.
 - (2) When a civil money penalty is imposed per instance of noncompliance, once the administrative determination is final, CMS sends a final notice to the hospice program containing all of the following information:
 - (i) The amount of the penalty that was assessed.
 - (ii) The total amount due.
 - (iii) The due date of the penalty.
 - (iv) The rate of interest to be assessed on any unpaid balance beginning on the due date, as provided in paragraph (f)(6) of this section.
 - (3) In the case of a hospice program for which the provider agreement has been involuntarily terminated, CMS sends the final notice after one of the following actions has occurred:
 - (i) The administrative determination is final.
 - (ii) The hospice program has waived its right to a hearing in accordance with paragraph (c)(2)(ii) of this section.
 - (iii) Time for requesting a hearing has expired and the hospice program has not requested a hearing.
- (f) ***Due date for payment of penalty.*** A penalty is due and payable 15 calendar days from notice of the final administrative decision.
 - (1) Payments are due for all civil money penalties within 15 calendar days of any of the following:
 - (i) After a final administrative decision when the hospice program achieves substantial compliance before the final decision or the effective date of termination occurs before the final decision.
 - (ii) After the time to appeal has expired and the hospice program does not appeal or fails to timely appeal the initial determination.
 - (iii) After CMS receives a written request from the hospice program requesting to waive its right to appeal the determinations that led to the imposition of a remedy.
 - (iv) After the effective date of termination.
 - (2) A request for hearing does not delay the imposition of any penalty; it only potentially delays the collection of the final penalty amount.
 - (3) If a hospice program waives its right to a hearing according to paragraph (c)(2)(ii) of this section, CMS applies a 35 percent reduction to the CMP amount for any of the following:
 - (i) The hospice program achieved compliance with the conditions of participation before CMS received the written waiver of hearing.

- (ii) The effective date of termination occurs before CMS received the written waiver of hearing.
- (4) The period of noncompliance may not extend beyond 6 months from the last day of the survey.
- (5) The amount of the penalty, when determined, may be deducted (offset) from any sum then or later owing by CMS or State Medicaid to the hospice program.
- (6) Interest is assessed and accrues on the unpaid balance of a penalty, beginning on the due date. Interest is computed at the rate specified in § 405.378(d) of this chapter.
- (g) **Review of the penalty.** When an administrative law judge finds that the basis for imposing a civil monetary penalty exists, as specified in this part, the administrative law judge, may not do any of the following:
 - (1) Set a penalty of zero or reduce a penalty to zero.
 - (2) Review the exercise of discretion by CMS to impose a civil monetary penalty.
 - (3) Consider any factors in reviewing the amount of the penalty other than those specified in paragraph (b) of this section.

§ 488.1250 Directed plan of correction.

- (a) **Application.** CMS may impose a directed plan of correction when a hospice program -
 - (1) Has one or more condition-level deficiencies that warrant directing the hospice program to take specific actions; or
 - (2) Fails to submit an acceptable plan of correction.
- (b) **Procedures.**
 - (1) Before imposing the remedy in paragraph (a) of this section, CMS notifies the hospice program in accordance with § 488.1210(e).
 - (2) CMS or the temporary manager (with CMS approval) may direct the hospice program to take corrective action to achieve specific outcomes within specific timeframes.
- (c) **Duration and effect of remedy.** If the hospice program fails to achieve compliance with the conditions of participation within the timeframes specified in the directed plan of correction, which may not to exceed 6 months, CMS does one of the following:
 - (1) May impose one or more other remedies set forth in § 488.1220.
 - (2) Terminates the provider agreement.

§ 488.1255 Directed in-service training.

- (a) **Application.** CMS may require the staff of a hospice program to attend in-service training program(s) if CMS determines all of the following:
 - (1) The hospice program has condition-level deficiencies.
 - (2) Education is likely to correct the deficiencies.
 - (3) The programs are conducted by established centers of health education and training or consultants with background in education and training with Medicare hospice providers, or as deemed acceptable by CMS or the State (by review of a copy of curriculum vitas or resumes and references to determine the educator's qualifications).
- (b) **Procedures -**
 - (1) **Notice of intent.** Before imposing the remedy in paragraph (a) of this section, CMS notifies the hospice program in accordance with § 488.1210(e).
 - (2) **Action following training.** After the hospice program staff has received in-service training, if the hospice program has not achieved substantial compliance, CMS may impose one or more other remedies specified in § 488.1220.
 - (3) **Payment.** The hospice program pays for the directed in-service training for its staff.

§ 488.1260 Continuation of payments to a hospice program with deficiencies.

- (a) **Continued payments.** CMS may continue payments to a hospice program with condition-level deficiencies that do not constitute immediate jeopardy for up to 6 months from the last day of the survey if the criteria in paragraph (a)(1) of this section are met.
 - (1) **Criteria.** CMS may continue payments to a hospice program not in compliance with the conditions of participation for the period specified in paragraph (a) of this section if all of the following criteria are met:
 - (i) An enforcement remedy, or remedies, has been imposed on the hospice program and termination has not been imposed.
 - (ii) The hospice program has submitted a plan of correction approved by CMS.
 - (iii) The hospice program agrees to repay the Federal Government payments received under this paragraph (a) if corrective action is not taken in accordance with the approved plan and timetable for corrective action.

- (2) **Termination.** CMS may terminate the hospice program's provider agreement any time if the criteria in paragraph (a)(1) of this section are not met.
- (b) **Cessation of payments for new admissions.** If termination is imposed, either on its own or in addition to an enforcement remedy or remedies, or if any of the criteria set forth in paragraph (a)(1) of this section are not met, the hospice program will receive no Medicare payments, as applicable, for new admissions following the last day of the survey.
- (c) **Failure to achieve compliance with the conditions of participation.** If the hospice program does not achieve compliance with the conditions of participation by the end of the period specified in paragraph (a) of this section, CMS terminates the provider agreement of the hospice program in accordance with § 488.1265.

§ 488.1265 Termination of provider agreement.

- (a) **Effect of termination by CMS.** Termination of the provider agreement ends -
 - (1) Payment to the hospice program; and
 - (2) Any enforcement remedy.
- (b) **Basis for termination.** CMS terminates a hospice program's provider agreement under any one of the following conditions:
 - (1) The hospice program is not in compliance with the conditions of participation.
 - (2) The hospice program fails to submit an acceptable plan of correction within the timeframe specified by CMS.
 - (3) The hospice program fails to relinquish control to the temporary manager, if that remedy is imposed by CMS.
 - (4) The hospice program fails to meet the eligibility criteria for continuation of payment as set forth in § 488.1260(a)(1).
- (c) **Notice.** CMS notifies the hospice program and the public of the termination, in accordance with procedures set forth in § 489.53 of this chapter.
- (d) **Procedures for termination.** CMS terminates the provider agreement in accordance with procedures set forth in § 489.53 of this chapter.
- (e) **Payment post termination.** Payment is available for up to 30 calendar days after the effective date of termination for hospice care furnished under a plan established before the effective date of termination as set forth in § 489.55 of this chapter.
- (f) **Appeal.** A hospice program may appeal the termination of its provider agreement by CMS in accordance with part 498 of this chapter.