distribution systems in which the quantity stored is minimal and a missing dose can be readily detected. An emergency medication kit is kept readily available.

(7) *Drug disposal.* Controlled drugs no longer needed by the patient are disposed of in compliance with State requirements. In the absence of State requirements, the pharmacist and a registered nurse dispose of the drugs and prepare a record of the disposal.

[48 FR 56026, Dec. 16, 1983; 48 FR 57282, Dec. 29, 1983; 49 FR 23010, June 1, 1984, as amended at 53 FR 11509, Apr. 7, 1988; 55 FR 50835, Dec. 11, 1990; 68 FR 1386, Jan. 10, 2003; 69 FR 18803, Apr. 9, 2004; 69 FR 49266, Aug. 11, 2004; 70 FR 15237, Mar. 25, 2005]

EFFECTIVE DATE NOTE: At 71 FR 55339, Sept. 22, 2006, §418.100 was amended by revising paragraph (d)(6)(iii), by amending paragraph (d)(6)(iv) by removing the last sentence and by removing the period at the end of the paragraph and adding in its place ''; and'' and by adding paragraph (d)(6)(v), effective October 23, 2006. For the convenience of the user, the revised text is set forth as follows:

§418.100 Condition of participation: Hospices that provide inpatient care directly.

* * * * *

(d) * * *

(6) * * *

(iii) The dispensers are installed in a manner that adequately protects against inappropriate access;

* * * * *

(v) The dispensers are maintained in accordance with dispenser manufacturer guidelines.

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Subpart F—Covered Services

§418.200 Requirements for coverage.

To be covered, hospice services must meet the following requirements. They must be reasonable and necessary for the palliation or management of the terminal illness as well as related conditions. The individual must elect hospice care in accordance with §418.24 and a plan of care must be established as set forth in §418.58 before services are provided. The services must be consistent with the plan of care. A certification that the individual is terminally ill must be completed as set forth in §418.22.

§418.202 Covered services.

All services must be performed by appropriately qualified personnel, but it is the nature of the service, rather than the qualification of the person who provides it, that determines the coverage category of the service. The following services are covered hospice services:

(a) Nursing care provided by or under the supervision of a registered nurse.

(b) Medical social services provided by a social worker under the direction of a physician.

(c) Physicians' services performed by a physician as defined in §410.20 of this chapter except that the services of the hospice medical director or the physician member of the interdisciplinary group must be performed by a doctor of medicine or osteopathy.

(d) Counseling services provided to the terminally ill individual and the family members or other persons caring for the individual at home. Counseling, including dietary counseling, may be provided both for the purpose of training the individual's family or other caregiver to provide care, and for the purpose of helping the individual and those caring for him or her to adjust to the individual's approaching death.

(e) Short-term inpatient care provided in a participating hospice inpatient unit, or a participating hospital or SNF, that additionally meets the standards in §418.202 (a) and (e) regarding staffing and patient areas. Services provided in an inpatient setting must conform to the written plan of care. Inpatient care may be required for procedures necessary for pain control or acute or chronic symptom management.

Inpatient care may also be furnished as a means of providing respite for the individual's family or other persons caring for the individual at home. Respite care must be furnished as specified in §418.98(b). Payment for inpatient care will be made at the rate appropriate to the level of care as specified in §418.302.

(f) Medical appliances and supplies, including drugs and biologicals. Only