MEDICAID HOSPICE PLAN OF CARE

State Form 48731 (R3 / 2-09) / OMPP 0011

The information contained on this completed form is **CONFIDENTIAL** according to 405 IAC 1-16, 5-2-10.1, 5-2-10.2, 5-5-1, and 5-34.

A. RECIPIENT INFORMATION	Primary hospice diagnosis (*ICD-#*):
Name of recipient (*last, first, middle initial*)	Recipient's Medicaid number
Recipient's Social Security number	

B. HOSPICE PROVIDER INFORMATION	
Name of hospice provider	Hospice provider number

C. ASSESSMENT: Complete the following using the problem severity code listed at the bottom of the chart.

ASSESSMENT	PROBLEM SEVERITY CODE	ASSESSMENT	PROBLEM SEVERITY CODE
Altered Physical Comfort		Alltered Urinary Elimination	
Altered Respiratory Status		Altered Bowel Elimination	
Altered Cardiovascular Status		Altered Sleep Pattern	
Altered Nutritional Status		Altered Grief/Spiritual (*patient*)	
Altered Skin Integrity		Altered Grief/Spiritual (*family*)	
Altered Mobility Status		Altered Oral Mucosa	
ACTIVITIES OF DAILY LIVING	**PROBLEM SEVERITY CODE**	**ACTIVITIES OF DAILY LIVING**	**PROBLEM SEVERITY CODE**
Eating / Feeding		Toileting	
Grooming / Hygiene		Continence	
Bathing		Transferring	
Dressing		Mobility	

PROBLEM SEVERITY CODE

0 = None: no problem present
1 = Problem: controlled at time of assessment
2 = Mild: function could be improved.

3 = Moderate: able to function with support
4 = Marked: able to function only with daily intervention
5 = Severe: incapacitated by the problem

D. SERVICES: Document the proposed services for this benefit period (*include frequency and expected outcome*).

Services Required	Frequency	Expected Outlook
Skilled Nursing		

(*Continued on the reverse side*)

E. SERVICES (*continued*)

Services Required	Frequency	Expected Outlook
Home Health		
Therapy		
DME		
Pharmacy		
Spiritual		
Other enhanced services		

F. SIGNATURES: Date and sign the following. Signatures must represent the Medical Director as well as two signatures from any of the other disciplines listed above.

Signature	Title	Date (*month, day, year*)
Signature	Title	Date (*month, day, year*)
Signature	Title	Date (*month, day, year*)