



**1250-B ~~HOSPICE SERVICES- RESERVED~~**

REVISION DATES: ~~10/01/17,~~ 07/01/12, 10/01/07, 03/01/06, 09/01/05, 10/01/01

~~INITIAL~~

~~EFFECTIVE DATE: 02/14/1996~~

~~Description~~

~~AHCCCS covers hospice services provided to ALTCS members who meet medical criteria/requirements for hospice services. Hospice services provide palliative and support care for terminally ill members and their family members or caregivers in order to ease the physical, emotional, spiritual and social stresses which are experienced during the final stages of illness and during dying and bereavement. These services may be provided in the member's own home, a Home and Community Based (HCB) approved alternative residential setting as specified in Policy 1230 of this Chapter, or the following inpatient settings when the conditions of participation are met as specified in 42 C.F.R. 418:~~

- ~~1. Hospital~~
- ~~2. Nursing care institution, and~~
- ~~3. Free standing hospice.~~

~~Providers of hospice care must be Medicare certified and licensed by the Arizona Department of Health Services (ADHS) and have a signed AHCCCS provider agreement.~~

~~Amount, Duration and Scope~~

~~Hospice services are available only for ALTCS members who have been certified by a physician as being terminally ill and who elect to receive hospice care. If the member is receiving hospice services under Medicaid Title XIX, the services must be ordered by the member's Primary Care Provider (PCP) and authorized by the case manager through the member's service plan. If the member is receiving hospice services under Medicare, the services do not require case manager authorization; however, the case manager remains responsible for monitoring the member's care to ensure the receipt of needed services.~~

~~Hospice services may be provided on an inpatient basis when the member's condition is such that care can no longer be rendered in the member's own home or an approved HCB~~



~~alternative residential setting. Hospice home care services may be provided as routine home care or, when medically necessary, on a continuous home care basis.~~

~~Regardless of whether the member is Medicare primary, or ALTCS only, the case manager, the member's PCP and hospice staff are responsible for making a coordinated determination regarding the appropriate level of care for the member. If a dispute arises regarding the level of care that is medically necessary for the member, the final determination must be made by the member's PCP.~~

~~Medicaid services provided to members receiving Medicare hospice services that are duplicative of Medicare hospice benefits (i.e., home health aide, personal care and homemaker services) will not be covered. Attendant care is not considered a duplicative service.~~

~~If the hospice agency is unable or unwilling to provide or cover medically necessary services related to the hospice diagnosis, the services must be provided by the Contractor. The Contractor however shall report such cases to ADHS as the hospice licensing agency in Arizona.~~

~~State licensure standards for hospice care require providers to include skilled nursing, respite and bereavement services. Hospice providers must also have social services, counseling, dietary services, homemaker, personal care and home health aide services and inpatient services available as necessary to meet the member's needs. The following components are included in hospice service reimbursement when provided in approved settings:~~

- ~~1. Bereavement services provided by the hospice which include social and emotional support offered to the member's family both before and up to twelve months following the death of that member. There is no additional cost to ALTCS for bereavement services provided to the family after the death of the member.~~
- ~~2. Continuous home care (as specified in the definition of hospice services included in Chapter 300 of this Manual) which may be provided only during a period of crisis.~~
- ~~3. Dietary services which include a nutritional evaluation and dietary counseling when necessary.~~
- ~~4. Home health aide services.~~
- ~~5. Homemaker services.~~



- ~~6. Nursing services provided by or under the supervision of a registered nurse.~~
- ~~7. Pastoral/counseling services provided by an individual who is qualified through the completion of a degree in ministry, psychology or a related field and who is appropriately licensed or certified.~~
- ~~8. Hospice respite care services which are provided on an occasional basis, not to exceed more than five consecutive days at a time. Respite care may not be provided when the member is a nursing facility resident or is receiving services in an inpatient setting indicated above.~~
- ~~9. Routine home care, as specified in the definition of hospice services included in Chapter 300 of this Manual.~~
- ~~10. Social services provided by a qualified social worker.~~
- ~~11. Therapies which include physical, occupational, respiratory, speech, music and recreational therapy.~~
- ~~12. Twenty four hour on call availability to provide services such as reassurance, information and referral for members and their families or caretakers.~~
- ~~13. Volunteer services provided by individuals who are specially trained in hospice care and who are supervised by a designated hospice employee. Pursuant to Title 42 of the Code of Federal Regulations, Section 418.70, if providing direct member care, the volunteer must meet qualifications required to provide such services.~~
- ~~14. Medical supplies, appliances and equipment, including pharmaceuticals, which are used in relation to the palliation or management of the member's terminal illness. Appliances may include durable medical equipment such as wheelchairs, hospital beds or oxygen equipment.~~

~~The unit of service is per diem based. Services are provided as routine home care, continuous home care, inpatient respite care or general inpatient care.~~