



310-J HOSPICE SERVICES

REVISION DATES: 10/01/17, 07/20/11, 10/01/10, 10/01/09

~~REVIEW DATE: 10/01/2013~~

INITIAL

EFFECTIVE DATE: 10/01/2007

Description

AHCCCS covers hospice services, ~~for acute care and ALTCS members.~~ Hospice services are allowable under A.R.S. §§ ~~36-2907, and §36-2989,~~ and 42 C.F.R. 418.20 for terminally ill members who meet the specified medical criteria/requirements. Hospice services ~~provide~~ include palliative care for members and supportive 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. Hospice services do not include curative treatment unless the member is under 21 years of age.

Hospice services are provided in the member's own home; a Home and Community Based (HCB) approved alternative residential setting as specified in AMPM Policy 1230 of this Manual; or the following inpatient settings when the conditions of participation are met as specified in 42 C.F.R. 418:

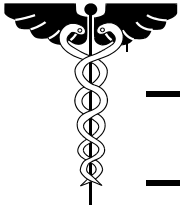
- ~~1.~~ Hospital,
- ~~2.1.~~
- ~~3.2.~~ Nursing care institution, and
- ~~4.3.~~ Free standing hospice.

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

~~As directed by the Affordable Care Act,~~ EPSDT members may continue to receive curative treatment for their terminal illness while receiving hospice services. Adult members age 21 and older who elect hospice services must forgo curative care.

For dual eligible members, Medicare is the primary payor of hospice services.

For ALTCS Members, including those who have Medicare as their Primary Payor, the following applies:



1. Although hospice services do not require authorization by the case manager the case manager remains responsible for monitoring the member's care to ensure the receipt of needed services.
2. 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.

Definitions

~~For purposes of this policy, the following definitions apply:~~

Continuous Home Care: ~~means—defines~~ hospice services provided during periods of crisis as necessary to maintain an individual at home for a minimum of eight hours per 24-hour day (the hours do not have to be continuous). To qualify as home care under this section, the care must be predominantly nursing care, provided by a registered nurse or a licensed practical nurse. Homemaker and home health aide services may also be provided to supplement the care. Continuous home care is only furnished during brief periods of crisis and only as necessary to allow terminally ill hospice-eligible members to maintain residence in their own home or an HCB approved alternative residential setting. Continuous home care is not available to members residing in an NF Medicaid certified bed.

Inpatient Respite Care: ~~means—s~~Services provided in an inpatient setting, such as an NF, on a short-term basis to relieve family members or other caregivers who provide care to hospice eligible members who have elected to receive hospice care and who reside in their own home or, HCB alternative residential setting.

General Inpatient Care: ~~means—s~~Services provided in an inpatient setting, such as a hospital, to hospice eligible members who have elected to receive hospice. These services are provided for such purposes as pain control or acute or chronic symptom management, which cannot be managed in another setting.

Period of Crisis: ~~means—a~~ period in which the hospice eligible member requires continuous care to achieve palliation or management of acute medical symptoms for which the caregiver is unwilling or unable to provide.

Routine Home Care: ~~means—s~~Short term, intermittent hospice including skilled nursing, home health aide and/or homemaker services provided to a hospice eligible member in his or her own home or, HCB approved alternative residential setting. Routine home care services may be provided on a regularly scheduled and/or on-call basis. The hospice eligible member must not be receiving continuous home care services as defined in this section at the time routine home care is provided. Routine home care is available to members residing in an NF Medicaid certified bed.



Supportive Care: Supportive care is psychological, social, spiritual and practical support to improve the member's comfort and quality of life. Not all supportive care services are Medicaid covered services and may be provided through natural supports or community resources.

Amount, Duration and Scope

In order to receive hospice services the member requires a physician's certification stating that the member's prognosis is terminal, with the member's life expectancy not exceeding six months. Due to the uncertainty of predicting courses of illness, the hospice benefit is available beyond six months provided additional physician certifications are completed.

The physician certification is only permitted for two 90-day periods. However, an unlimited number of physician certifications for 60 day periods are permitted thereafter.

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 services ~~reimbursements~~ when provided in approved settings:

1. Bereavement services provided by the hospice provider, 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 AHCCCS for bereavement services provided to the family after the death of the member.
2. Continuous home care ~~(as specified in the definition of hospice in this policy)~~ 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.

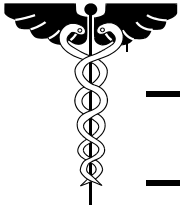


6. Nursing services provided by or under the supervision of a registered nurse.
7. Pastoral/counseling services provided by an individual who is qualified through the completion of a degree in ministry, psychology or a related field and who is appropriately licensed or certified.
8. Hospice respite care 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.
- ~~8.9.~~ Routine home care, as specified in the definition of hospice services.
- ~~9.10.~~ Social services provided by a qualified social worker.
- ~~10.11.~~ Therapies that include physical, occupational, respiratory, or speech; provided for purposes of symptom control or to enable the individual to maintain activities of daily living and basic functional skills. ~~music and recreational therapy.~~
- ~~11.12.~~ Twenty-four hour on-call availability to provide services such as reassurance, information and referral for members and their family members or caretakers.
- ~~12.13.~~ Volunteer services provided by individuals who are specially trained in hospice and who are supervised by a designated hospice employee. Under 42 C.F.R. 418.70, if providing direct patient care, the volunteer must meet qualifications required to provide such service(s).
- ~~13.14.~~ Medical supplies, appliances and equipment, including pharmaceuticals, which are used in relationship 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.

~~Refer to Chapter 1200, AMPM Policy 1250, of this Manual for further explanation regarding hospice and ALTCS members.~~

REFERENCES

- AMPM Policy 1230
- ~~AMPM Policy 1250~~
- 42 CFR 418
- 42 CFR 418.20
- 42 CFR 418.70
- A.R.S. §§ 36-2907



- [A.R.S. ~~and~~ §36-2989](#)

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