

1 **310-J HOSPICE SERVICES**

2 **REVISION DATE: XX/XX/2024**

3 REVIEW DATE: 9/12/2023

4 EFFECTIVE DATE: October 1, 2019

5 REFERENCES: A.R.S. §§ 36-2907 36-2939, and 36-2989, 42 CFR  
6 418.20 and 70, Arizona's Section 115(a) Medicaid Demonstration  
7 Extension.

8 **PURPOSE**

9 This policy ~~applies~~ establishes requirements for the Division's

10 Administrative Services Subcontractors (AdSS) pertaining to the coverage of  
11 hospice services.

12 ~~The Adss shall ensure providers of hospice are Medicare certified, licensed~~  
13 ~~by the Arizona Department of Health Services (ADHS), and have a signed~~  
14 ~~AHCCCS provider agreement.~~

15 ~~Hospice services are covered for members eligible for AHCCCS. Hospice~~  
16 ~~services are allowable under Hospice care is covered for all terminally ill~~  
17 ~~members who meet the specified medical criteria and requirements under~~  
18 ~~A.R.S. §§ 36-2907, 36-2939, 36-2989, and 42 CFR Part 418 et seq.~~

19 ~~A.R.S. §§ 36-2907 and 2989, and 42 CFR 418.20, for terminally ill~~  
20 ~~members who meet the specified medical criteria/requirements. Hospice~~  
21 ~~services provide palliative and support care for terminally ill members and~~

22 ~~their family members or caregivers in order to ease the physical,~~

23 ~~emotional, spiritual, and social stresses, which are experienced during the~~

24 ~~final stages of illness and during dying and bereavement.~~

25 ~~Hospice services are provided in the member's own home, an alternative~~

26 ~~residential setting, or the following inpatient settings when the conditions of~~

27 ~~participation are met as specified in 42 CFR 418:~~

28 ~~A. Hospital~~

29 ~~B. Nursing care institution~~

30 ~~C. Freestanding hospice.~~

31 ~~Providers of hospice must be Medicare certified, licensed by the Arizona~~

32 ~~Department of Health Services (ADHS), and have a signed AHCCCS~~

33 ~~provider agreement.~~

34 ~~As directed by the Affordable Care Act, members receiving Early Periodic~~

35 ~~Screening, Diagnosis, and Treatment (EPSDT) may continue to receive~~

36 ~~curative treatment for their terminal illness while receiving hospice services.~~

37 ~~Adult members age 21 and older who elect hospice services must forgo~~

38 ~~curative care.~~

39 ~~For dual eligible members, Medicare is the primary payer of~~

40 ~~hospice services.~~

41 **DEFINITIONS**

42 ~~The following definitions apply to Hospice Services:~~

43 ~~“Continuous hHome cCare” means hospice provided during periods of~~  
44 ~~crisis for a minimum of eight hours per 24-hour day (the hours do not~~  
45 ~~have to be continuous). To qualify as home care under this section,~~  
46 ~~the care must be predominantly nursing care, provided by a registered~~  
47 ~~nurse or a licensed practical nurse. Homemaker and home health aide~~  
48 ~~services may also be provided to supplement the care. Continuous~~  
49 ~~home care is only furnished during brief periods of crisis and only as~~  
50 ~~necessary to allow terminally ill hospice-eligible members to maintain~~  
51 ~~residence in their own home or an alternative residential setting.~~  
52 ~~Continuous home care is not available to members residing in a~~  
53 ~~Nursing Facility (NF) Medicaid-certified bed.~~

54 1. “Hospice Services” means services that are covered for  
55 members eligible for AHCCCS. Hospice comfort and support  
56 services for a member deemed by a Physician to be in the last  
57 stages (six months or less) of life. ~~services are allowable under~~  
58 Hospice benefit and refer to care is covered for all terminally ill

59 ~~members who meet the specified medical criteria and~~  
60 ~~requirements under A.R.S. §§ 36-2907, 36-2939, 36-2989, and~~  
61 ~~42 CFR Part 418 et seq.~~

62 ~~1. "Inpatient Respite Care" means services provided in an~~  
63 ~~inpatient setting, such as an NF, on a short-term basis to relieve~~  
64 ~~family members or other caregivers who provide care to members~~  
65 ~~eligible for hospice who have elected to receive hospice care and who~~  
66 ~~reside in their own home or, home and community based (HCB)~~  
67 ~~alternative residential setting.~~

68 ~~"General Inpatient Care" services provided, in an inpatient setting~~  
69 ~~such as a hospital, to members eligible for hospice who have elected~~  
70 ~~to receive hospice. These services are provided for such purposes as~~  
71 ~~pain control or acute or chronic symptom management, which cannot~~  
72 ~~be performed in another setting.~~

73 ~~2. "Member" means the same as "Client" as defined in A.R.S. § 36-~~  
74 ~~551.~~

75 ~~"Period of Crisis" means a period in which the hospice-eligible~~  
76 ~~member requires continuous care to achieve palliation or~~  
77 ~~management of acute medical symptoms.~~

78 3. "Responsible Person" means the parent or guardian of a minor  
79 with a developmental disability, the guardian of an adult with a  
80 developmental disability or an adult with a developmental  
81 disability who is a member or an applicant for whom no guardian  
82 has been appointed.

83 ~~"Routine Home Care" means a short-term, intermittent hospice~~  
84 ~~including skilled nursing, home health aide and/or homemaker~~  
85 ~~services provided to a hospice eligible member in his or her own~~  
86 ~~home or an alternative residential setting. Routine home care services~~  
87 ~~may be provided on a regularly scheduled and/or on-call basis. The~~  
88 ~~member eligible for hospice must not be receiving continuous home~~  
89 ~~care services as defined in this section at the time routine home care~~  
90 ~~is provided. Routine home care is available to members residing in an~~  
91 ~~NF Medicaid certified bed.~~

92 **POLICY**

93 **A. HOSPICE SERVICES**

94 1. The AdSSs shall ensure Responsible Persons have the right to  
95 choose Hospice Services and participate in the selection of the  
96 Hospice Service provider.

97            The AdSS shall ensure Members receiving Early Periodic  
98            Screening, Diagnosis, and Treatment (EPSDT) may continue to  
99            receive curative treatment for their terminal illness while  
100           receiving Hospice Services if the Responsible Person desires, as  
101           directed by the Affordable Care Act.

102           ~~**Hospice services are covered for members eligible for AHCCCS.**~~  
103           ~~**Hospice services are allowable under Hospice care is covered for all**~~  
104           ~~**terminally ill members who meet the specified medical criteria and**~~  
105           ~~**requirements under A.R.S. §§ 36 2907, 36 2939, 36 2989, and 42**~~  
106           ~~**CFR Part 418 et seq. A.R.S. §§ 36 2907 and 2989, and 42 CFR**~~  
107           ~~**418.20, for terminally ill members who meet the specified medical**~~  
108           ~~**criteria/requirements. Hospice services provide palliative and**~~  
109           ~~**support care for terminally ill members and their family members or**~~  
110           ~~**caregivers in order to ease the physical, emotional, spiritual, and**~~  
111           ~~**social stresses, which are experienced during the final stages of**~~  
112           ~~**illness and during dying and bereavement.**~~

113           2. The AdSS shall ensure the Responsible Person's  
114           understanding of the need to waive the right to  
115           duplicative services unless covered under the EPSDT

116

service.

117

~~**Hospice services are provided in the member's own home, an**~~

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~~**alternative residential setting, or the following inpatient settings**~~

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~~**when the conditions of participation are met as specified in 42 CFR**~~

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~~**418:**~~

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~~**A. Hospital**~~

122

~~**B. Nursing care institution**~~

123

~~**C. Freestanding hospice:**~~

124

~~**Providers of hospice must be Medicare certified, licensed by the**~~

125

~~**Arizona Department of Health Services (ADHS), and have a signed**~~

126

~~**AHCCCS provider agreement.**~~

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~~**For dual eligible members, Medicare is the primary payer of hospice**~~

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~~**services. Adss must notify the Division's Health Care services when a**~~

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~~**member has selected and been certified to hospice service**~~

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~~**Amount, Duration and Scope**~~

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~~**The amount, duration and scope of hospice services is directed by**~~

132

~~**the hospice service provider.**~~

133 **B. COMMUNICATION**

134 **The AdSSs shall ~~notify~~communicate with the Division's**  
135 **~~h~~Health ~~e~~Care ~~s~~Services ~~and~~Support Coordination when a**  
136 **member transitions to ~~h~~Hospice ~~s~~Services, or when Hospice**  
137 **~~s~~Services are revoked.**

138 ~~Prior to the member receiving hospice services, the a physician must~~  
139 ~~provide, to the Administrative Services Subcontractor (AdSS), certification~~  
140 ~~stating that the member's prognosis is terminal with the member's life~~  
141 ~~expectancy not exceeding six months. Due to the uncertainty of predicting~~  
142 ~~courses of illness, the hospice benefit is available beyond six months~~  
143 ~~provided additional physician certifications are completed.~~

144 ~~The physician certification is permitted for two 90-day periods;~~  
145 ~~thereafter, an unlimited number of physician certifications for 60-day~~  
146 ~~periods are permitted.~~

147 ~~The AdSS must notify the Division's Health Care Services within five~~  
148 ~~business days of any approval or denial of Hospice services. The AdSS~~  
149 ~~must also notify the Support Coordinator that a referral has been made.~~

150 ~~State licensure standards for hospice care require providers to include skilled~~



151 ~~nursing, respite, and bereavement services. Hospice providers must also~~  
152 ~~have social services, counseling, dietary services, homemaker, personal~~  
153 ~~care and home health aide services, and inpatient services, available as~~  
154 ~~necessary to meet the member's needs. The following components are~~  
155 ~~included in hospice service reimbursement, if they are provided in approved~~  
156 ~~settings:~~

157 ~~A. Bereavement services, including social and emotional support~~  
158 ~~provided by the hospice provider, to the member's family both~~  
159 ~~before and up to twelve months following the death of that~~  
160 ~~member~~

161 ~~B. Continuous home care (as specified in this policy), which may be~~  
162 ~~provided only during a period of crisis~~

163 ~~C. Dietary services, which include a nutritional evaluation and dietary~~  
164 ~~counseling when necessary.~~

165 ~~D. Home health aide services~~

166 ~~E. Homemaker services~~

167 ~~F. Nursing services provided by or under the supervision of a~~  
168 ~~registered nurse~~

169 ~~G. Pastoral/counseling services provided by an individual who is qualified~~  
170 ~~through the completion of a degree in ministry, psychology, or a~~  
171 ~~related field, and who is appropriately licensed or certified~~

172 ~~H. Hospice respite care services that are provided on an occasional basis,~~  
173 ~~not to exceed more than five consecutive days at a time (Hospice~~  
174 ~~respite care services may not be provided when the member is~~  
175 ~~residing in a nursing facility or is receiving services in an inpatient~~  
176 ~~setting indicated above.)~~

177 ~~I. Routine home care, as specified in the definition of hospice~~  
178 ~~services~~

179 ~~J. Social services provided by a qualified social worker~~

180 ~~K. Therapies that include physical, occupational, respiratory, speech,~~  
181 ~~music, and recreational therapy~~

182 ~~L. Twenty-four hour on-call availability to provide services such as~~  
183 ~~reassurance, information and referral, for members and their~~  
184 ~~family members or caretakers.~~

185 ~~M. Volunteer services provided by individuals who are specially trained in~~  
186 ~~hospice and who are supervised by a designated hospice employee~~

187 ~~(Under 42 CFR 418.70, if providing direct patient care, the~~  
188 ~~volunteer must meet qualifications required to provide such~~  
189 ~~services.)~~

190 ~~1. N. Medical supplies, appliances, and equipment, and~~  
191 ~~pharmaceuticals used in relationship to the palliation or~~  
192 ~~management of the member's terminal illness. Appliances may~~  
193 ~~include durable medical equipment such as wheelchairs,~~  
194 ~~hospital beds or oxygen equipment.~~