

### **310-J HOSPICE SERVICES**

EFFECTIVE DATE: October 1, 2019

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

This policy applies to the Division's Administrative Services Subcontractors (AdSS).

Hospice services are covered for members eligible for AHCCCS. Hospice services are allowable under A.R.S. §§ 36-2907 and 2989, and 42 CFR 418.20, for terminally ill members who meet the specified medical criteria/requirements. 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.

Hospice services are provided in the member's own home, an alternative residential setting, or the following inpatient settings when the conditions of participation are met as specified in 42 CFR 418:

- A. Hospital
- B. Nursing care institution
- C. Freestanding hospice.

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

As directed by the Affordable Care Act, members receiving Early Periodic Screening, Diagnosis, and Treatment (EPSDT) 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 payer of hospice services.

#### **Definitions**

The following definitions apply to Hospice Services:

- A. Continuous home care - hospice provided during periods of crisis 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 alternative residential setting. Continuous home care is not available to members residing in a Nursing Facility (NF) Medicaid certified bed.
- B. Inpatient respite care - 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

members eligible for hospice who have elected to receive hospice care and who reside in their own home or, home and community based (HCB) alternative residential setting.

- C. General inpatient care - services provided, in an inpatient setting such as a hospital, to members eligible for hospice 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 performed in another setting.
- D. Period of crisis - a period in which the hospice-eligible member requires continuous care to achieve palliation or management of acute medical symptoms.
- E. Routine home care - 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 an alternative residential setting. Routine home care services may be provided on a regularly scheduled and/or on-call basis. The member eligible for hospice 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.

### **Amount, Duration and Scope**

Prior to the member receiving hospice services, the physician must provide, to the Administrative Services Subcontractor (AdSS), 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 permitted for two 90-day periods; thereafter, an unlimited number of physician certifications for 60-day periods are permitted.

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

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, if they are provided in approved settings:

- A. Bereavement services, including social and emotional support provided by the hospice provider, to the member's family both before and up to twelve months following the death of that member
- B. Continuous home care (as specified in this policy), which may be provided only during a period of crisis
- C. Dietary services, which include a nutritional evaluation and dietary counseling when necessary

- D. Home health aide services
- E. Homemaker services
- F. Nursing services provided by or under the supervision of a registered nurse
- G. 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
- H. Hospice respite care services that are provided on an occasional basis, not to exceed more than five consecutive days at a time  
  
(Hospice respite care services may not be provided when the member is residing in a nursing facility or is receiving services in an inpatient setting indicated above.)
- I. Routine home care, as specified in the definition of hospice services
- J. Social services provided by a qualified social worker
- K. Therapies that include physical, occupational, respiratory, speech, music, and recreational therapy
- L. Twenty-four hour on-call availability to provide services such as reassurance, information and referral, for members and their family members or caretakers
- M. Volunteer services provided by individuals who are specially trained in hospice and who are supervised by a designated hospice employee  
  
(Under 42 CFR 418.70, if providing direct patient care, the volunteer must meet qualifications required to provide such services.)
- N. Medical supplies, appliances, and equipment, and pharmaceuticals 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.