

310-J HOSPICE SERVICES

REVISION DATE: 5/8/2024, 5/8/2019

REVIEW DATE: 9/12/2023

EFFECTIVE DATE: November 17, 2017

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

PURPOSE

This Policy outlines the Division's commitment to the availability of Hospice Services.

DEFINITIONS

1. "End-of-Life Care" is a concept of care, for the duration of the member's life, that focuses on Advance Care Planning, the relief of stress, pain, or life limiting effects of illness to improve quality of life for a Member at any age who is currently or is expected to experience declining health, or is diagnosed with a chronic, complex, or terminal illness.
2. "Hospice Services" means comfort and support services for a Member deemed by a Physician to be in the last stages (six months or less) of life.
3. "Member" means the same as "Client" as defined in A.R.S.

§ 36-551.

4. “Person Centered” means an approach to planning designed to assist the member to plan their life and supports. This model enables individuals to increase their personal self-determination and improve their own independence.
5. “Responsible Person” means the parent or guardian of a minor with a developmental disability, the guardian of an adult with a developmental disability or an adult with a developmental disability who is a Member or an applicant for whom no guardian has been appointed.

POLICY

A. HOSPICE SERVICES

1. The Division shall be committed to assisting Members to obtain the best care possible.
2. The Division shall ensure the Member receives appropriate End of Life Care as outlined Division Medical Policy 310-HH.
3. The Division shall advocate for the Member’s decision for

Hospice Services but verbalize concerns when decision-making related to hastening death is due to the perception that Members with developmental disabilities have a lower quality of life than other people.

4. The Division shall monitor the Member's treatment to ensure the treatment is Person Centered in order to represent the Member's best interests.
5. The Division shall provide guidance and education to the Responsible Person when the determination is made that it is no longer beneficial to prolong the Member's life.
6. The Division shall ensure Members receiving Early Periodic Screening, Diagnosis, and Treatment (EPSDT) continue to receive curative treatment for their terminal illness while receiving Hospice Services if the Responsible Person desires, as directed by the Affordable Care Act.

B. SUPPLEMENTAL INFORMATION

1. 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 and requirements.
2. Hospice services provide palliative 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.

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