

1 **310-J HOSPICE SERVICES**

2 REVISION DATE: XX/XX/24, 5/8/2019

3 REVIEW DATE: 9/12/2023

4 EFFECTIVE DATE: November 17, 2017

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

7 **PURPOSE**

8 This Policy [outlines the Division's commitment to the availability of](#)
9 [establishes requirements for Hospice Services and the Division's oversight](#)
10 [Hospice Services. and ensures that the Responsible Persons all members](#)
11 [have the right to choose hHospice sServices if indicated. The Division shall](#)
12 [ensure the members' right to choose. Hospice services are covered for](#)
13 [members eligible for AHCCCS, Medicare, and Third Party Insurance.](#)
14 [Hospice services are allowable under A.R.S. §§ 36-2907 and 2989, and 42](#)
15 [CFR 418.20, for terminally ill members who meet the specified medical](#)
16 [criteria and/requirements. Hospice services provide palliative and](#)
17 [supportive care for terminally ill members and their family members or](#)
18 [caregivers in order to ease the physical, emotional, spiritual, and social](#)
19 [stresses, which are experienced during the final stages of illness and during](#)
20 [dying and bereavement.](#)
21 [Hospice services can be are provided in the member's own home, an](#)

22 ~~alternative residential setting, or the following inpatient settings when the~~
23 ~~conditions of participation are met as specified in 42 CFR 418.:~~

24 ~~A. Hospital~~

25 ~~B. Nursing care institutions~~

26 ~~C. Freestanding hospice.~~

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

30 ~~As directed by the Affordable Care Act, members receiving Early Periodic~~
31 ~~Screening, Diagnosis, and Treatment (EPSDT) may continue to receive~~
32 ~~curative treatment for their terminal illness while receiving hospice~~
33 ~~services. Adult members age 21 and older who elect hospice services~~
34 ~~must forgo curative care.~~

35 ~~For dual eligible members, Medicare is the primary payer of hospice~~
36 ~~services~~

37 **DEFINITIONS**

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

39 1. "Bereavement Counseling" means emotional, psychosocial,
40 and spiritual support and services provided before and after the death
41 of a member to assist the family with issues related to grief, loss, and
42 adjustment.

43 "Continuous Home Care" means services provided during periods
44 of crisis for a minimum of eight hours per 24-hour day (the hours do
45 not have to be continuous) to maintain residence in their own home as
46 specified in 42 CFR 418.204(a). Care must be predominantly nursing
47 care, provided by a Registered Nurse (RN) or a Licensed Practical
48 Nurse (LPN). Homemaker and home health aide services may also be
49 provided to supplement the care.

50 1. "Curative Care" means the health care practices that treat
51 patients with the intent of curing them, not just reducing their
52 pain or stress. An example is chemotherapy, which seeks to cure
53 cancer patients.

54 2. "End-of-Life Care" is a concept of care, for the duration of the
55 member's life, that focuses on Advance Care Planning, the relief
56 of stress, pain, or life limiting effects of illness to improve quality
57 of life for a member at any age who is currently or is expected to

- 58 experience declining health, or is diagnosed with a chronic,
59 complex, or terminal illness. .
- 60 3. "Hospice Services" means comfort and support services for a
61 member deemed by a Physician to be in the last stages (six
62 months or less) of life.
- 63 4. "Member" means the same as "Client" as defined in A.R.S. § 36-
64 551.
- 65 5. "Person Centered" means An approach to planning designed to
66 assist the member to plan their life and supports. This model
67 enables individuals to increase their personal
- 68 2-6. "Responsible Person" means the parent or guardian of a minor
69 with a developmental disability, the guardian of an adult with a
70 developmental disability or an adult with a developmental
71 disability who is a member or an applicant for whom no guardian
72 has been appointed.
- 73 ~~3. "Palliative Care" means Member and family centered care~~
74 ~~that optimizes quality of life by anticipating, preventing, and treating~~
75 ~~suffering and is provided to address physical, intellectual, emotional,~~
76 ~~social, and spiritual needs and to facilitate member autonomy, access~~
77 ~~to information, and choice.~~

78 4. ~~“Period of Crisis” means – Aa period (up to 24 hours per~~
79 ~~day) in which the hospice-eligible member requires continuous~~
80 ~~care to achieve palliation or management of acute medical~~
81 ~~symptoms.~~

82 5. ~~“Terminally Ill” means – Aa medical prognosis of life expectancy~~
83 ~~for six months or less if the illness runs its normal course.~~

84 POLICY

85 A. HOSPICE SERVICES

86 1. The Division shall ensure Hospice Service providers ~~that~~
87 are Medicare certified, licensed by the Arizona
88 Department of Health Services (ADHS), and have a signed
89 AHCCCS provider agreement.

90 2. The Division shall ensure ~~the AdSS informs~~ all Responsible
91 Persons ~~are informed~~ of their right to choose Hospice
92 Services and participate in the selection of the Hospice
93 Service provider.

94 3. The Division shall ensure ~~the AdSS has verified~~ the
95 Responsible Person's ~~understanding~~ of the need to waive
96 the right to duplicative services. This waiver does not

- 97 **apply to EPSDT-aged Members.**
- 98 **4. The Division shall be committed to assisting Members**
- 99 **obtain the best care possible.**
- 100 **5. The Division shall ensure the Member receives**
- 101 **appropriate End of Life Care as outlined Division Medical**
- 102 **Policy 310-HH.**
- 103 **6. The Division shall advocate for the Member’s decision for**
- 104 **hospice but verbalize concerns when related to decision-**
- 105 **making related to hastening death is due to the perception**
- 106 **that Members with developmental disabilities have a**
- 107 **lower quality of life than other people.**
- 108 **7. The Division shall monitor the Member’s treatment to**
- 109 **ensure the treatment is person centered in order to**
- 110 **represent the Member’s best interests.**
- 111 **8. The Division shall provide guidance and education to the**
- 112 **Responsible Person when the determination is made that**
- 113 **it is no longer beneficial to prolong the Member’s life.**
- 114 **9. The Division shall ensure ~~the AdSS, as directed by the~~**
- 115 **~~Affordable Care Act,~~ Members receiving Early Periodic**
- 116 **Screening, Diagnosis, and Treatment (EPSDT) continue to**

117 receive curative treatment for their terminal illness while
118 receiving Hospice Services if the Responsible Person
119 desires, as directed by the Affordable Care Act.

120 ~~10.~~ The Division shall ensure the services are directed by the
121 Hospice Service provider and that the Division or its
122 subcontractors~~AdSS does do not determine the amount,~~
123 duration and scope of Hospice Services ~~as these services~~
124 ~~are directed by the Hospice Service provider.~~

125 B. SUPPLEMENTAL INFORMATION

126 1. Hospice services are allowable under A.R.S. §§ 36-2907
127 and 2989, and 42 CFR 418.20, for terminally ill Members
128 who meet the specified medical criteria
129 and/requirements.

130 2. Hospice services provide palliative and supportive care for
131 terminally ill members and their family members or
132 caregivers in order to ease the physical, emotional,
133 spiritual, and social stresses, which are experienced
134 during the final stages of illness and during dying and
135 bereavement.

136 3. Providers of hospice must be Medicare certified, licensed

137 by the Arizona Department of Health Services (ADHS),
138 and have a signed AHCCCS provider agreement.

139
140
141
142
143 ~~Hospice Care is a comprehensive set of services identified and coordinated~~
144 ~~by an interdisciplinary group to provide palliative and support care for~~
145 ~~terminally ill members and their family members and caregivers for the~~
146 ~~physical, psychosocial, spiritual, and emotional needs as delineated in a~~
147 ~~specific patient plan of care.~~ Hospice Care is a comprehensive set of services
148 identified and coordinated

149 ~~Hospice Services are covered for all terminally ill members who meet the~~
150 ~~specified medical criteria and requirements under A.R.S. §§ 36-2907, 36-~~
151 ~~2939, and 36-2989, and 42 CFR Part 418 et seq.~~

152 ~~In order to receive Hospice Care, Members must be informed of the~~
153 requirement to waive the right to duplicative services including:

154 ~~hospice care provided by a non-designated hospice service; services that~~
155 ~~are related to the treatment of the terminal condition or a related~~
156 ~~condition, unless provided by the designated hospice, provided by the~~
157 ~~attending physician, or provided as room and board by a nursing facility~~
158 ~~where the member is a resident as specified in CMS Medicaid Manual~~
159 ~~section 4305.2. This waiver does not apply to EPSDT-aged members.~~

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

164 ~~A. Eligibility~~

165 ~~1. A physician must provide a signed certification stating that the member's~~
166 ~~prognosis is terminal, with the member's life expectancy not exceeding six~~
167 ~~months. However, due to the uncertainty of predicting courses of illness, the~~
168 ~~hospice benefit is available beyond six months, provided additional physician~~
169 ~~certifications are completed.~~

170 ~~2. A member may elect to receive continued Hospice Care during one or~~
171 ~~more of the following election periods:~~

172 ~~a. An initial 90-day period,~~

173 ~~b. A subsequent 90-day period, or~~

174 ~~c. An unlimited number of subsequent 60-day periods.~~

175 ~~3. As specified in Section 2302 of the Affordable Care Act, EPSDT aged~~
176 ~~members may continue to receive curative treatment for a terminal illness~~
177 ~~while receiving hospice services. Adult members age 21 and older who elect~~
178 ~~hospice services must forgo curative care related to the terminal diagnosis~~
179 ~~but may continue to receive services unrelated to the hospice diagnosis.~~

180 ~~B. Hospice Services~~

181 ~~Hospice services provide palliative and support care for terminally ill~~
182 ~~members and their family members and caregivers in order to ease the~~
183 ~~physical, emotional, spiritual, and social stresses, which are experienced~~
184 ~~during the final stages of illness and during dying and bereavement. When~~
185 ~~the conditions of participation are met as specified in 42 CFR Part 418,~~
186 ~~hospice services are provided in the member's own home, or the following~~
187 ~~inpatient settings:~~

188 ~~1. Hospital.~~

189 ~~2. Nursing care institution.~~

190 ~~3. Licensed free standing Hospice Inpatient Units (IPUs)Free standing~~
191 ~~Hospice Unit. Licensed~~
192 ~~Hospice Inpatient Units Hospice providers must also have social services,~~
193 ~~counseling, dietary services, homemaker, personal care and home health~~
194 ~~aide services, and inpatient services available as necessary to meet the~~
195 ~~member's needs. The following bundled hospice services are covered when~~
196 ~~provided in approved settings:~~

197 ~~1. Physicians' services for the treatment of the member's terminal~~
198 ~~illnesses and related administrative and general supervisory activities,~~
199 ~~except for attending physician services provided by non-hospice~~
200 ~~employees;~~

201 ~~2. Continuous Home Care services; when needed.~~

202 ~~3. Dietary services, which include a nutritional evaluation and dietary~~
203 ~~counseling when necessary;~~

204 ~~4. Home health aide services;~~

205 ~~5. Homemaker services;~~

206 ~~6. Nursing services provided by or under the supervision of a registered~~
207 ~~nurse;~~

- 208 ~~7. Pastoral/counseling services provided by an individual who is qualified~~
209 ~~through the completion of a degree in ministry, psychology, or a related~~
210 ~~field and who is appropriately licensed or certified;~~
- 211 ~~8. Hospice respite care services which are provided on an occasional basis,~~
212 ~~not to exceed more than five consecutive days at a time. Respite care may~~
213 ~~not be provided when the member is a nursing facility resident or is~~
214 ~~receiving services in an inpatient setting;~~
- 215 ~~9. Routine Home Care;~~
- 216 ~~10. Social services provided by a qualified social worker;~~
- 217 ~~11. Therapies that include physical, occupational, or speech therapy;~~
- 218 ~~12. A 24 hour on-call availability to provide services such as~~
219 ~~reassurance, information, and referral for members and family members~~
220 ~~and caregivers;~~
- 221 ~~13. Volunteer services provided by individuals who are specially trained~~
222 ~~in hospice and who are supervised by a designated hospice employee.~~
223 ~~Under 42 C.F.R. 418.70, if providing direct patient care, the volunteer~~
224 ~~must meet qualifications required to provide such services;~~
- 225 ~~14. Medical supplies, appliances, and equipment, including:~~

226 ~~a. Pharmaceuticals, which are used in relationship to the~~
227 ~~palliation or management of the member's terminal illness;~~
228 ~~and~~
229 ~~b. Durable Medical equipment and appliances as needed may~~
230 ~~include but are not limited to:~~
231 ~~i. Wheelchairs,~~
232 ~~ii. Hospital beds, and~~
233 ~~iii. Oxygen equipment.~~
234 ~~15. Bereavement counseling to the member's family and~~
235 ~~caregiver both before and up to 12 months following the death~~
236 ~~of that member is part of the bundled services. Bereavement~~
237 ~~Counseling, to the member's family and caregiver both before~~
238 ~~and up to 12 months following the death of the member, is~~
239 ~~part of the bundled hospice services and is not separately~~
240 ~~reimbursable, as specified in 42 CFR 418.204.30.310 -J Hospice~~
241 ~~Services.~~
242
243 ~~The Division is committed to helping members obtain the best~~

244 care possible. The Division believes that treatment should be
245 conducted in accordance with the member's wishes or what is
246 understood to best represent the member's best interests.
247 The Division is opposed to decision-making to hasten death
248 due to the perception that people with developmental
249 disabilities have a "low quality of life" and believes that the
250 lives of all people are valuable. As a result, the Division is
251 committed to helping members obtain the best care possible.
252 The Division also believes that treatment should be conducted
253 in accordance with the member's wishes or what is understood
254 to best represent the member's best interests. Situations may
255 arise where the burden of medical treatment outweighs the
256 benefit to the member. The Division is aware of situations
257 where members, families, and health care providers weigh the
258 benefits of care when there is no hope for improved health and
259 the prolonging of life no longer benefits the "patient."