310-J - HOSPICE SERVICES

EFFECTIVE DATES: 10/01/07, 01/25/19, 10/01/22

APPROVAL DATES: 10/01/09, 10/01/10, 07/20/11, 10/01/13, 11/15/18, 04/14/22

I. PURPOSE

This Policy applies to ACC, ACC-RBHA, ALTCS E/PD, DCS/CHP (CHP), and DES/DDD (DDD) Contractors; Fee-For-Service (FFS) Programs including: the American Indian Health Program (AIHP), Tribal ALTCS; and all FFS populations, excluding Federal Emergency Services (FES). (For FES, refer to AMPM Chapter 1100). This Policy establishes requirements for Hospice Services.

II. DEFINITIONS

Definitions are located on the AHCCCS website at: AHCCCS Contract and Policy Dictionary.

III. POLICY

Hospice care is a comprehensive set of services identified and coordinated by an interdisciplinary group to provide palliative and support care for terminally ill members and their family members and/or caregivers for the physical, psychosocial, spiritual, and emotional needs as specified in a specific patient plan of care.

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

In order to receive hospice care, members shall waive the right to duplicative services including: hospice care provided by a non-designated hospice service, services that are related to the treatment of the terminal condition or a related condition, unless provided by the designated hospice, provided by the attending physician, or provided as room and board by a nursing facility where the member is a resident as specified in CMS Medicaid Manual section 4305.2. This waiver does not apply to EPSDT-aged members.

If the hospice agency is unable or unwilling to provide or cover medically necessary services related to the hospice diagnosis, the services shall be provided by the Contractor. The Contractor, however, shall report such cases to Arizona Department of Health Services (ADHS) as the hospice licensing agency in Arizona.

A. ELIGIBILITY

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

A member may elect to receive hospice care during one or more of the following election periods:
a. An initial 90-day period,
b. A subsequent 90-day period, and/or
c. An unlimited number of subsequent 60-day periods.

2. As specified in Section 2302 of the Affordable Care Act, EPSDT-aged members may continue to receive curative treatment for a terminal illness while receiving hospice services. Adult members aged 21 and older who elect hospice services shall forgo curative care related to the terminal diagnosis but may continue to receive services unrelated to the hospice diagnosis.

B. HOSPICE SERVICES

Hospice services provide palliative and support care for terminally ill members and their family members and/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.

1. When the conditions of participation are met as specified in 42 CFR Part 418, hospice services are provided in the member's own home, or the following inpatient settings:
   a. Hospital,
   b. Nursing care institution, and
   c. Free standing hospice unit.

2. Hospice providers shall 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 bundled hospice services are covered when provided in approved settings:
   a. Physicians' services for the treatment of the member's terminal illnesses and related administrative and general supervisory activities, except for attending physician services provided by non-hospice employees,
   b. Continuous home care,
   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 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,
   i. Routine home care,
   j. Social services provided by a qualified social worker,
   k. Therapies that include physical, occupational, and/or speech therapy,

l. A 24 hour on-call availability to provide services such as reassurance, information, and referral for members and family members and/or caregivers,
m. Volunteer services provided by individuals who are specially trained in hospice and who are supervised by a designated hospice employee. Pursuant to 42 CFR 418.70, if providing direct patient care, the volunteer shall meet qualifications required to provide such service(s),
n. Medical supplies, appliances, and equipment, including:
    i. Pharmaceuticals, which are used in relationship to the palliation or management of the member's terminal illness, and
    ii. Medical equipment and appliances may include but are not limited to:
        a) Wheelchairs,
        b) Hospital beds, and/or
        c) Oxygen equipment.

3. Bereavement counseling to the member's family and/or caregiver both before and up to 12 months following the death of that member. Bereavement counseling, to the member's family and or/caregiver both before and up to 12 months following the death of the member, is part of the bundled hospice services and is not separately reimbursable, as specified in 42 CFR 418.204.