COVERED SERVICES

Hospice care includes services necessary to meet the needs of the recipient as related to the terminal illness and related conditions.

Core Services

Core services must routinely be provided directly by hospice employees, with the exception of physician's services and counseling services, which may be provided through contract. A hospice provider may use contracted staff, if necessary, to supplement hospice employees in order to meet the needs of the recipient under extraordinary or other non-routine circumstances. A hospice provider may also enter into a written arrangement with another Medicaid certified hospice provider for the provision of core services to supplement employee/staff to meet the needs of recipients. Circumstances under which a hospice provider may enter into a written arrangement for the provision of core services include:

- Unanticipated period of an increase in the number of recipients;
- Staffing shortages due to illness; or
- Other short-term temporary situations that interrupt recipient care.

If contracting is used for any core services, professional, financial and administrative responsibility for the services must be maintained and regulatory qualification requirements of all staff must be assured.

An overview of core services is included below.

Physician Services

These are the services performed by a physician as defined in 42 CFR 410.20. In addition to palliation and management of the terminal illness and related conditions, physician employees of the hospice and those under contract, including the physician members of the interdisciplinary group (IDG), must also meet the general medical needs of the recipients to the extent that these needs are not met by the attending physician.

Nursing Services

Nursing services are defined as nursing care provided by or under the supervision of a registered nurse (RN). Any nursing service provided by a licensed practical nurse (LPN) or licensed

vocational nurse (LVN) must be under the supervision of the RN and must be reasonable and necessary to the treatment of the recipient's illness or injury.

This can also include services included under nursing care provided by a nurse practitioner (NP) who is not the recipient's attending physician. For example, in the absence of an NP, an RN would provide the services. Since the services are nursing in nature, payment is encompassed in the hospice per diem rate and may not be billed separately regardless of whether the services are provided by an NP or an RN.

Medical Social Services

Medical social services are provided by a social worker who has at a minimum a master's degree from a school of social work accredited by the Council on Social Work Education, and who is working under the direction of a physician.

Counseling Services

Counseling services must be available to the terminally ill individual, his/her family members, or other persons caring for the individual at home or in another nursing facility. Counseling includes bereavement counseling provided after the recipient's death as well as dietary, spiritual and any other counseling services (compliant with medication regiments) for the individual and family provided while the individual is enrolled in hospice.

Dietary Counseling

Dietary counseling may be provided for the purposes of training the recipient's family or other care-givers how to provide and prepare meals for the recipient. This can also be used in helping the individual and those caring for him/her to adjust to the recipient's approaching death. Dietary counseling, when required, must be provided by a qualified individual.

Bereavement Counseling

The hospice agency must have an organized program for the provision of bereavement services under the supervision of a qualified professional. The plan of care (POC) for these services should reflect family needs, as well as a clear delineation of services to be provided and the frequency of service delivery (up to one year following the death of the recipient). **Bereavement counseling is a required hospice service but it is not reimbursable.**

Other Covered Services

The following additional services must also be provided directly by, or coordinated by, the hospice provider.

Pastoral Care

The hospice must make reasonable efforts to arrange for visits of clergy and other members of religious organizations in the community to recipients who request such visits and must advise recipients of this opportunity.

NOTE: Additional counseling may be provided by other members of the IDG as well as by other qualified professionals as determined by the hospice provider.

Short-Term Inpatient Care

Short-term inpatient care is provided in a participating hospice inpatient unit or a participating hospital that additionally meets the special hospice standards regarding staffing and recipient areas. Services provided in an inpatient setting must conform to the written POC. General inpatient care may be required for procedures necessary for pain control or acute or chronic symptom management which cannot be provided in other settings. Inpatient care may also be furnished to provide respites for the individual's family or other persons caring for the individual at home. Care for these services must not exceed five days in any election period. Medicaid payments cannot be made for inpatient hospice care provided in a nursing or intermediate care facility for individuals with intellectual disabilities (ICF/ID) and a Veterans Administration (VA) medical facility to Medicaid only or Medicaid/Medicare recipients who are eligible to receive veteran's health services.

Inpatient Respite Care

An inpatient respite care day is a day on which the individual receives care in an approved facility on a short-term basis to relieve the family members or other persons caring for the individual at home.

An approved facility is one that meets the standards as provided in 42 CFR Section 418.98(b). The inpatient respite care rate is paid for each day the recipient is in an approved inpatient facility and is receiving respite care. **Payment is made for respite care for a maximum of five continuous days at a time in any election period including the date of admission but not counting the date of discharge**. Payment for sixth day and any subsequent days is made at the routine home

care rate. Respite care may not be provided when the hospice recipient is a resident in a nursing facility or ICF/IID facility.

Medical Appliances and Supplies

Medical appliances and supplies, including drugs and biologicals as defined in section 1861(t) of the Social Security Act, and which are used primarily for the relief of pain and symptom control related to the individual's terminal illness is covered. Appliances may include covered durable medical equipment as well as other self-help and personal comfort items related to the palliation or management of the recipient's terminal illness and related conditions. Equipment is provided by the hospice for use in the recipient's home while he or she is under hospice care. Medical supplies include those that are part of the written POC.

The hospice must have a written policy for the disposal of controlled drugs maintained in the recipient's home when those drugs are no longer needed by the recipient.

Drugs and biologicals must be administered only by:

- A licensed nurse or physician;
- An employee who has completed a state-approved training program in medication administration;
- The recipient if his/her attending physician has approved; or
- Any other individual in accordance with applicable state and local laws.

Each drug and biological authorized for administration must be specified in the recipient's POC.

Hospice Aide and Homemaker Services

Home health and homemaker services must be provided by qualified aides. Home health services may only be provided by individuals who have successfully completed a home health aide training and competency evaluation program. These services may be provided by an employee of the hospice or may be contracted out.

Hospice aides/home health aides may provide personal care services included in the POC. Aides may also perform household services to maintain a safe and sanitary environment in areas of the home used by the recipient, such as changing the bed or light cleaning and laundering essential to the comfort and cleanliness of the recipient. Aide services must be provided under the general

supervision of a RN. Written instructions for recipient care must be prepared by a RN. A RN must visit the home site when aide services are being provided, and the visit must include an assessment of the aide services.

Therapy Services

Physical therapy, occupational therapy and speech-language pathology services are provided for the purpose of symptom control or to enable the individual to maintain activities of daily living and basic functional skills.

Other Items and Services

Any other item or service whether or not included in the POC, and is reimbursable under Medicaid, is a hospice covered service. The hospice provider is responsible for providing any and all services indicated in the POC as necessary for the palliation and management of the terminal illness and related conditions.

Example: A hospice provider determines that a recipient's condition has worsened and has become medically unstable. A hospital inpatient stay will be necessary for proper palliation and management of the condition. The hospice adds this inpatient stay to the POC and decides that due to the recipient's fragile condition the recipient will need to be transported to the hospital by ambulance. In this case, the ambulance service becomes a covered hospice service.

Hospice Agency Service Requirements

The hospice provider must make nursing services, physician services, drugs and biologicals routinely available on a 24-hour basis. The hospice is also required to make all other covered services available on a 24-hour basis to the extent necessary to meet the needs of the recipient. This care must be reasonable and necessary for the palliation and management of terminal illness and related conditions.

Waiver of Service Requirements

If located in a non-urbanized area (as defined by the Bureau of the Census), a hospice provider may apply for a waiver of the core nursing, physical therapy, occupational therapy, speech language pathology, and dietary counseling requirements if a good faith or diligent effort to hire these specialties can be demonstrated (as determined by Centers for Medicare and Medicaid Services (CMS)).

A waiver of the requirement that the hospice provider make physical therapy, occupational therapy, speech language pathology services and dietary counseling available (as needed) on a 24-hour basis may be obtained under certain conditions from CMS. These waivers are available only to an agency or organization that is located in an area which is not an urbanized area (as defined by the Bureau of Census) and that can demonstrate to CMS that it has been unable, despite diligent efforts, to recruit appropriate personnel. Hospice providers will be required to submit evidence to establish diligent efforts.

Waiver applications should be sent to the regional CMS office. Any waiver request is deemed to be granted unless it is denied within 60 days after it is received by CMS. Waivers will remain effective for one year at a time. CMS may approve a maximum of two one-year extensions of each initial waiver. To receive a one-year extension, the hospice provider must request the extension prior to each additional year and certify that the employment market for appropriate personnel has not changed significantly since the initial waiver was granted if this is the case. No additional evidence is required with this certification.

Levels of Care

Payment rates are determined at one of four levels for each day of a recipient's hospice care. The four levels of care are:

- Routine Home Care;
- Continuous Home Care;
- Inpatient Respite Care; and
- General Inpatient Care.

NOTE: Refer to Section 24.9 - Reimbursement for an explanation of the four levels of care.