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18. Hospice care (in accordance with section 1905 (o) of the Act):

A recipient must meet each of the following conditions to receive hospice services under medical assistance:

- (1) The recipient must be certified as terminally ill (i.e., the medical prognosis is that the recipient's life expectancy is six months or less, given that the terminal illness runs its normal course) within two calendar days after hospice care is initiated. A recertification statement saying the recipient is terminally ill must be obtained within two calendar days after the recipient's first 90 days of hospice care (within two calendar days after the beginning of the next 90 day period) and before each 60-day period that follows. If the hospice does not obtain written certification within two calendar days after hospice care begins, a verbal certification may be obtained within these two days and a written certification obtained no later than eight days after care begins.
- (2) The recipient must live in the recipient's own home, in the community, or in a long-term care facility.
- (3) The Recipients over age 21 must sign an election of hospice statement containing the following:
  - (a) the name of the hospice;
  - (b) an acknowledgment that the recipient understands that the hospice provides palliative, not curative care;
  - (c) an acknowledgment that the recipient's right to receive Medicaid payment for certain other Medicaid services (including Medicaid waivers) is being waived; and
  - (d) the recipient or legal representative's signature.
- (4) Recipients under age 21 must sign an election of hospice statement containing the following:
  - (a) the name of the hospice;
  - (b) an acknowledgment that the recipient understands that the hospice provides palliative, not curative care; and
  - (c) the recipient or legal representative's signature.
- (5) The recipient must receive hospice care until the recipient is no longer certified as terminally ill or until the recipient or representative revokes the election of hospice.

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18. Hospice care (in accordance with section 1905(o) of the Act).

Payment is determined using basic payment rates for four levels of care and payment for physician services. Additional payment of a room and board amount is made for nursing home residents.

The fixed daily rates for the following four levels of care are determined using Medicare payment methodology except that no copayments are deducted.

- (1) Routine Home Care Day
- (2) Continuous Home Care Day
- (3) Inpatient Respite Day
- (4) General Inpatient Day

The current CMS Medicaid hospice rates are used for rate determinations, which are based on Medicare and are updated annually. The State pays the CMS location-adjusted Medicaid amount.

The fixed daily rates are designed to pay the hospice for the costs of all covered services related to the treatment of a recipient's terminal illness, including the administrative and general supervisory activities performed by physicians who are employees of or working under arrangements made by the hospice.

Payment for room and board for hospice patients residing in long term care facilities is based on 95% of the case mix rate determined in accordance with the Medicaid payment methodology contained in Attachment 4.19-D. Payment is made to the hospice provider.

Payment for physician services not included in the fixed daily rate is based on the usual Medicaid payment methodology for physician services contained elsewhere in this Attachment. If the attending physician is an employee of the hospice or is providing services by arrangement with the hospice, the hospice is paid for the physician services. If the attending physician is not a hospice employee, payment is made directly to the physician provider in accordance with the usual Medicaid payment methodology for physician services contained elsewhere in this Attachment.

The limits and cap amounts are the same as used in the Medicare Program except that the inpatient day limit on both inpatient respite care days and general inpatient care days does not apply to recipients afflicted with acquired immunodeficiency syndrome (AIDS).