

SENIOR & LONG TERM CARE DIVISION COMMUNITY SERVICES BUREAU Medicaid Hospice Policy Manual

Title: Hospice Policy 406

Section: ELIGIBILITY FOR SERVICES
Subject: Discharge from Hospice

Reference: ARM 37.40.815, 42 CFR 418.26

Supersedes: Policy 406, October 2016

REASONS FOR DISCHARGE

A hospice may discharge a member if the following occurs:

- 1. The member moves out of the hospice's service area or transfers to another hospice;
- 2. The hospice determines that the member is no longer terminally ill; or
- The hospice determines that the member's (or other persons in the member's home) behavior is disruptive, abusive, or uncooperative to the extent that delivery of care to the member or the ability of the hospice to operate effectively is seriously impaired.

The hospice agency must have a discharge procedure in place. If the hospice agency and member are unable to resolve issues presented by a member's behavior or situation, the hospice must do the following before it seeks to discharge a member for cause:

- 1. Advise the member that a discharge for cause is being considered;
- 2. Ascertain that the member's proposed discharge is not due to the member's use of necessary hospice services; and
- 3. Document the problem(s) and efforts made to resolve the problem(s) and enter this documentation into its medical records.

DISCHARGE ORDER

Prior to discharging a member for any reason listed in sections (1) through (3) above ("Reason for Discharge"), the hospice must obtain a written physician's discharge order from the hospice medical director. If a member has an attending physician involved in his or her care, this physician should be consulted before discharge, and his or her review and decision must be included in the discharge note.

Title: Hospice Policy 406

Section: ELIGIBILITY FOR SERVICES
Subject: Discharge from Hospice

Reference: ARM 37.40.815, 42 CFR 418.26

EFFECT OF DISCHARGE

A member, upon discharge from the hospice during a particular election period for reasons other than immediate transfer to another hospice:

- 1. Is no longer covered under Medicaid for hospice care;
- 2. Resumes Medicaid coverage of the benefits waived under 37.40.815, (Refer to Hospice Policy 404); or
- 3. May at any time elect to receive hospice care if the member is again eligible to receive the benefit.

DISCHARGE PLANNING

The hospice must have in place a discharge planning process that takes into account the prospect that a member's condition might stabilize or otherwise change such that the member cannot continue to be certified as terminally ill.

The discharge planning process must include planning for any necessary family counseling, member education, or other services before the member is discharged because he or she is no longer terminally ill.

FILING A NOTICE OF TERMINATION OF ELECTION

When the hospice election is ended due to discharge, the hospice must file a notice of termination/revocation of election with the Department within five calendar days after the effective date of the discharge, unless the hospice has already filed a final claim for that member.