



SENIOR & LONG TERM CARE DIVISION

COMMUNITY SERVICES BUREAU

Medicaid Hospice Policy Manual

Title: Hospice Policy 701
Section: HOSPICE SERVICE COORDINATION
Subject: Core Services
Reference: ARM 37.40.805, 42 CFR 418.64, 42 CFR 418.66
Supersedes: Policy 701, October 2016

CORE SERVICES

The hospice must be licensed under state law and must meet Medicare's conditions of participation for hospice programs and have a valid provider agreement with Medicare as a condition of enrollment in Medicaid.

A hospice must routinely provide substantially all core services directly by hospice employees. These services must be provided in a manner consistent with acceptable standards of practice. These services include nursing services, medical social services, and counseling.

The hospice may contract for physician services as specified in the "Physician Services," section. A hospice may use contracted staff, if necessary, to supplement hospice employees in order to meet the needs of members under extraordinary or other non-routine circumstances. A hospice may also enter into a written arrangement with another Medicaid certified hospice program for the provision of core services to supplement hospice employee/staff to meet the needs of members.

Circumstances under which a hospice may enter into a written arrangement for the provision of core services include:

1. Unanticipated periods of high patient loads, staffing shortages due to illness or other short-term temporary situations that interrupt member care; and
2. Temporary travel of a member outside of the hospice's service area.

PHYSICIAN SERVICES

The hospice medical director, physician employees, and contracted physician(s) of the hospice, in conjunction with the member's attending physician, are responsible for the palliation and management of the terminal illness and conditions related to the terminal illness.

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All physician employees and those under contract must function under the supervision of the hospice medical director;

All physician employees and those under contract shall meet this requirement by either providing the services directly or through coordinating member care with the attending physician; and

If the attending physician is unavailable, the medical director, contracted physician, and/or hospice physician employee is responsible for meeting the medical needs of the member.

NURSING SERVICES

The hospice must provide nursing care and services by or under the supervision of a registered nurse. Nursing services must ensure that the nursing needs of the member are met as identified in the member's initial comprehensive assessment, and updated assessments.

NOTE: Highly specialized nursing services that are provided so infrequently that the provision of such services by direct hospice employees would be impracticable and prohibitively expensive, may be provided under contract.

Waiver of requirement that substantially all nursing services be routinely provided directly by a hospice.

If a hospice is located in a non-urbanized area, the hospice must provide the Department with evidence that it has made a good faith effort to hire a sufficient number of nurses to provide services. The Department may waive the requirement that nursing services be furnished by employees based on the following:

1. The location of the hospice's central office is in a non-urbanized area as determined by the Bureau of Census; and
2. There is evidence that a hospice was operational on or before January 1, 1983, including the following:
 - a. Proof the organization was established to provide hospice services on or before January 1, 1983;
 - b. Evidence that hospice-type services were furnished to members on or before January 1, 1983; and

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- c. Evidence that hospice care was a discrete activity rather than an aspect of another type of provider's patient care program on or before January 1, 1983.
 3. The hospice made a good faith effort to hire nurses as evidenced by the following:
 - a. Copies of advertisements in local newspapers that demonstrate recruitment efforts;
 - b. Job descriptions for nurse employees;
 - c. Evidence that salary and benefits are competitive in the area; and
 - d. Evidence of any other recruiting activities (for example, recruiting efforts at health fairs and contacts with nurses at other providers in the area).

Any waiver request is deemed to be granted unless it is denied within 60 days after it is received.

Waivers will remain in effect one year at a time from the date of request.

If a hospice wishes to receive a one year extension, it must submit a request to the Department before the expiration of the waiver period, and certify that the conditions under which it originally requested the initial waiver have not changed since the initial waiver was granted.

MEDICAL SOCIAL SERVICES

Medical social services must be provided by a qualified social worker, under the direction of a physician. Social work services must be based on the member's psychosocial assessment and the members and family's needs and acceptance of these services.

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COUNSELING SERVICES

Counseling services must be available to the member and family to assist the member and family in minimizing the stress and problems that arise from the terminal illness, related conditions, and the dying process. Counseling services must include, but are not limited to, the following:

Bereavement Counseling

The hospice must:

- a. Have an organized program for the provision of bereavement services furnished under the supervision of a qualified professional with experience or education in grief or loss counseling;
- b. Make bereavement services available to the family and other individuals in the bereavement plan of care up to one year following the death of the member. Bereavement counseling also extends to residents of a SNF/NF or ICF/IID when appropriate and identified in the bereavement plan of care;
- c. Ensure that bereavement services reflect the needs of the bereaved; and
- d. Develop a bereavement plan of care that notes the kind of bereavement services to be offered and the frequency of service delivery. A special coverage provision for bereavement counseling is specified in Policy 502.

Spiritual Counseling

The hospice must:

- a. Provide an assessment of the member's and families' spiritual needs.
- b. Provide spiritual counseling to meet these needs in accordance with the member's and family's acceptance of this service, and in a manner consistent with member and family beliefs and desires.

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- c. Make all reasonable efforts to facilitate visits by local clergy, pastoral counselors, or other individuals who can support the member's spiritual needs to the best of its ability.
- d. Advise the member and family of this service.

Dietary Counseling

Dietary counseling, when identified in the plan of care, must be performed by a qualified individual, who includes dietitians as well as nurses and other individuals who are able to address and assure that the dietary needs of the member are met.