



# SENIOR & LONG TERM CARE DIVISION

## COMMUNITY SERVICES BUREAU

### Medicaid Hospice Policy Manual

**Title:** Hospice Policy 500  
**Section:** ELIGIBLE SERVICES  
**Subject:** Requirements for Coverage  
**Reference:** ARM 37.40.806, 42 CFR 418.200  
**Supersedes:** Policy 500, October 2016

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#### REQUIREMENTS FOR COVERAGE

To be covered, hospice services must meet the following requirements:

1. The services must be reasonable and necessary for the palliation and management of the terminal illness as well as related conditions;
2. The member must elect hospice care in accordance with 37.40.815 (refer to Hospice Policy 404);
3. A plan of care must be established and periodically reviewed by the attending physician, the medical director, and the interdisciplinary group of the hospice program (refer to Hospice Policy 411);
4. The plan of care must be established before hospice care is provided;
5. The services provided must be consistent with the plan of care; and
6. A certification that the member is terminally ill must be completed.