



# SENIOR & LONG TERM CARE DIVISION

## COMMUNITY SERVICES BUREAU

### Medicaid Hospice Policy Manual

**Title:** Hospice Policy 705  
**Section:** HOSPICE SERVICE COORDINATION  
**Subject:** Organization and Administration of Services  
**Reference:** ARM 37.40.805, 42 CFR 418.100  
**Supersedes:** Policy 705, October 2016

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#### ORGANIZATION AND ADMINISTRATION OF SERVICES

The hospice must organize, manage, and administer its resources to provide the hospice care and services to members, caregivers and families necessary for the palliation and management of the terminal illness and related conditions.

#### SERVING THE HOSPICE MEMBER AND FAMILY

The hospice must provide hospice care that:

1. Optimizes comfort and dignity; and
2. Is consistent with member and family needs and goals, with member needs and goals as priority.

#### GOVERNING BODY AND ADMINISTRATOR

A governing body (or designated persons so functioning) assumes full legal authority and responsibility for the management of the hospice, the provision of all hospice services, its fiscal operations, and continuous quality assessment and performance improvement. A qualified administrator appointed by and reporting to the governing body is responsible for the day-to-day operation of the hospice. The administrator must be a hospice employee and possess education and experience required by the hospice's governing body.

#### SERVICES

A hospice must be primarily engaged in providing the following care and services and must do so in a manner that is consistent with accepted standards of practice:

1. Nursing services;
2. Medical social services;

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3. Physician services;
4. Counseling services, including spiritual counseling, dietary counseling, and bereavement counseling;
5. Hospice aide, volunteer, and homemaker services;
6. Physical therapy, occupational therapy, and speech-language pathology services;
7. Short-term inpatient care; and
8. Medical supplies (including drugs and biologicals) and medical appliances.

Nursing services, physician services, and drugs and biologicals must be made routinely available on a 24-hour basis seven days a week. Other covered services must be available on a 24-hour basis when reasonable and necessary to meet the needs of the member and family.

#### **CONTINUATION OF CARE**

A hospice may not discontinue or reduce care provided to a Medicare or Medicaid beneficiary because of the beneficiary's inability to pay for that care.

#### **PROFESSIONAL MANAGEMENT RESPONSIBILITY**

A hospice that has a written agreement with another agency, individual, or organization to furnish any services under arrangement must retain administrative and financial management, and oversight of staff and services for all arranged services, to ensure the provision of quality care. Arranged services must be supported by written agreements that require that all services be:

1. Authorized by the hospice;
2. Furnished in a safe and effective manner by qualified personnel; and
3. Delivered in accordance with the member's plan of care.

#### **HOSPICE MULTIPLE LOCATIONS**

If a hospice operates multiple locations, it must meet the following requirements:

1. Medicaid approval:
  - a. All hospice multiple locations must be approved by Medicaid before providing hospice care and services to Medicaid members;
  - b. The multiple locations must be part of the hospice and must share administration, supervision, and services with the hospice issued the certification number;
  - c. The lines of authority and professional and administrative control must be clearly delineated in the hospice's organizational structure and in practice, and must be traced to the location which was issued the certification number; and
  - d. The determination that a multiple location does or does not meet the definition of a multiple location, as set forth in this part, is an initial determination by the Department.
2. The services provided at all of its locations to hospice must continually monitor and manage all ensure that services are delivered in a safe and effective manner and to ensure that each member and family receives the necessary care and services outlined in the plan of care.

## **TRAINING**

1. A hospice must provide orientation about the hospice philosophy to all employees and contracted staff that has member and family contact.
2. A hospice must provide an initial orientation for each employee that addresses the employee's specific job duties.
3. A hospice must assess the skills and competence of all individuals furnishing care, including volunteers furnishing services, and, as necessary, provide in-service training and education programs where required. The hospice must have written policies and procedures describing its method(s) of assessment of competency and maintain a written description of the in-service training provided during the previous 12 months.