
MAO COVERAGE GROUPS/CRITERIA FOR THE AGED & DISABLED

MAO LONG TERM CARE "AT-HOME" COVERAGE GROUPS

**C. HOSPICE
CARE**

Section 9505 of the Consolidated Omnibus Reconciliation Act of 1985 (P.L. 99-272) amended title XIX of the Social Security Act to permit hospice care benefits to be provided, at State option, to individuals eligible for Medicaid including a newly created hospice care eligibility group. In order for individuals to receive hospice care they must be medically verified as terminally ill and voluntarily elect to receive hospice care in lieu of certain other Medicaid benefits. Upon the election of hospice care, Medicaid begins reimbursement to the hospice provider for each day the election for hospice care is in effect, subject to an overall maximum reimbursable.

Coverage of hospice services by Mississippi Medicaid for individuals eligible under ongoing coverage groups was effective July 1, 1991.

**1. Hospice
Care
Eligibility
Group**

Section 9505 (b)(2) of Public Law 99-272 established a new a new optional categorically needy eligibility group for individuals who elect hospice care. Eligibility under this group is determined using the same eligibility criteria and special income standard (300% of the SSI FBR for an individual) that is used for long term care cases regardless of whether the hospice client lives in a private living arrangement or a free standing hospice care facility. Coverage of the optional hospice care eligibility group by Mississippi Medicaid is effective April 1, 1993.

**2. Eligibility
Criteria**

An individual may be eligible under any existing at-home home coverage group and elect hospice care benefits if determined to be terminally ill. The election for hospice services is handled by the hospice provider. If eligibility exists under an "at-home" category (SSI, AFDC or PLAD eligibility), there is no need to change the recipient's eligibility to the hospice care group. The recipient can receive hospice services without applying for the hospice care eligibility group.

MAO COVERAGE GROUPS/CRITERIA FOR THE AGED & DISABLED

MAO LONG TERM CARE "AT-HOME" COVERAGE GROUPS

An application for hospice care eligibility is required if an individual is not already Medicaid eligible and cannot be eligible for Medicaid except by using long term care eligibility criteria. In determining eligibility for hospice care, use the same financial and non-financial rules that apply for long term care (LTC) coverage groups just as if the hospice care applicant was in a medical institution. Spousal Impoverishment income and resource rules apply even though the applicant may live in the same household with his/her spouse. The difference between long term care and hospice care criteria is as follows:

- No DDS decision is required since the hospice provider is required to obtain a medical prognosis of a terminal illness before hospice services can be elected.
- No 260 Form is required. Instead a copy of the "Hospice Membership Form" must be obtained by the Regional Office from the hospice provider.
- The hospice care eligible has no Medicaid Income payable because the Personal Needs Allowance (PNA) is set at the Community Spouse Monthly Maintenance Needs Allowance maximum. Since this maximum standard is higher than the 300% income limit, no Medicaid Income is payable. The CS MMNA is allowed as the PNA for each hospice eligible, regardless of marital status.

If the individual is in LTC prior to converting to Hospice coverage, a 317 is required to discharge the individual from the facility; and the Enrollment Form is required to show the effective date of Hospice. When a Hospice individual enters a nursing facility and wants LTC coverage, an Enrollment Form is required to verify disenrollment from Hospice care. A 317 is needed to verify admission to the facility. If an individual has Hospice coverage and enters a nursing home but does not want LTC coverage, no action is required.

MAO COVERAGE GROUPS/CRITERIA FOR THE AGED & DISABLED

MAO LONG TERM CARE "AT-HOME" COVERAGE GROUPS

Any LTC dates in REHF that correspond to Hospice eligibility prevent Hospice claims from paying. Therefore, Hospice coverage must begin the month after LTC Liability has ended. If an individual is changing from Hospice to LTC coverage, the Hospice coverage must end the month prior to the LTC coverage.

**3. Effective
Date of
Eligibility**

The special income standard (300% of the SSI FBR) is directly related to the 30-consecutive day requirement where-by an individual must remain in long term care for at least 31 days before the higher need standard can be applied. By definition, individuals potentially qualifying under the hospice care eligibility group are not in an institution so they cannot literally fulfill the 30-consecutive day requirement. However, in order to be eligible to receive hospice care, individuals must file an election statement (Hospice Membership Form) with a particular hospice. That hospice will be reimbursed by Medicaid for each day the election for hospice care is in effect, regardless of whether or not the individual actually receives services from the hospice. The beginning date of reimbursement is the effective date of the hospice election.

In applying the 30-consecutive day requirement of the hospice care group, day one is the effective date of the hospice election. If the election is in effect for a full 30-consecutive day period, eligibility using the higher income standard for long term care (300%) may be applied retroactive to the effective date of the hospice election. Eligibility can begin with the first of the month of the hospice election provided the individual is eligible on all other factors. The exception to fulfillment of the 30-consecutive day requirement is death during the 30-day period.

There may be situations where the 30-consecutive day requirement has already been met by an individual. In such cases, the individual electing hospice care does not need to meet the 30-consecutive day requirement again in order to apply the special income standard. For example, an individual living in a medical facility (hospital or nursing facility), who has already been determined eligible using the higher institutional income limit, may elect hospice benefits.

MAO COVERAGE GROUPS/CRITERIA FOR THE AGED & DISABLED

MAO LONG TERM CARE "AT-HOME" COVERAGE GROUPS

As long as there is no break in time between eligibility in the institution and the effective date of the election for hospice care, eligibility under the hospice care eligibility group can begin the month after the hospice election.

**4. Hospice
Membership
Form**

When a Medicaid recipient or applicant for hospice care eligibility elects hospice services, the "Hospice Membership Form" must be completed. By completion of this form, the hospice patient elects hospice care in lieu of Medicaid payments made for treatment of the condition for which the hospice care is sought. The hospice provider obtains the client's signature on the form and also obtains the physician's prognosis of the illness.

The Regional Office must obtain a copy of the completed and signed Hospice Membership Form for the case record prior to approval of a client under the hospice care eligibility group. If the client's eligibility will remain PLAD, AFDC or SSI, there is no requirement to obtain a copy of this form.

**5. Post-
Eligibility
Treatment
of Income**

Hospice care benefits may be furnished to individuals who are in an institutional setting or living in a private living arrangement. A post-eligibility determination is not required because the Personal Needs Allowance for each hospice care eligible is equal to the federal maximum allowed as a Community Spouse Monthly Maintenance Needs Allowance. Since this standard is higher than the 300% income limit, Medicaid Income for hospice care eligibles is always zero. As a result, no Medicaid Income is payable by the Hospice eligible and it is not necessary to issue a 317 Form to authorize payment to the Hospice provider. The eligible can use the Notice of Approval and/or Medicaid card to notify providers of eligibility.

MAO COVERAGE GROUPS/CRITERIA FOR THE AGED & DISABLED

MAO LONG TERM CARE "AT-HOME" COVERAGE GROUPS

- 6. Transfers** If an individual is changing from LTC to Hospice or vice
Between versa, the Regional Office must obtain a copy of the
completed **LTC and** and signed Hospice Membership Form. Also, the 317
must **Hospice** be obtained from the nursing home to verify admission or
discharge.