



May 24, 2016

Dear Hospice and Home and Community-Based (HCBS) Waiver Providers:

Pursuant to Miss. Admin. Code Title 23, Part 205: Hospice Services, Chapter 1, Rule 1.1 and 1.4., effective June 1, 2016, a person may receive hospice and waiver services concurrently. As hospice and HCBS waiver providers may render similar services, it is imperative that these providers work collaboratively with the person and/or designated representative to ensure the person's needs are met without duplicating services.

This letter serves as guidance and clarification for the process of providing concurrent services for both hospice and HCBS waiver providers.

Hospice Services

Hospice is a State Plan service; therefore, hospice benefits must be fully utilized prior to HCBS waiver service utilization in instances of potential duplication. Hospice providers are responsible for all services necessitated by the person's terminal illness and related conditions in accordance with the Mississippi Division of Medicaid (DOM) policy.

HCBS Waiver Services

HCBS waiver programs offer home and community-based services to persons who meet the enrollment and clinical criteria of the various HCBS waivers. HCBS waiver services are rendered by a network of enrolled providers that operate as an organized health care delivery system in accordance with DOM policy and HCBS waiver documents.

Communication and Coordination

DOM requires hospice and HCBS providers work collaboratively when serving the same person. The hospice provider and waiver case manager/support coordinator must have a person centered planning conference regarding the hospice plan of care (POC) and waiver plan of services and supports before concurrent services can start. The conference must include participation of the person and/or designated representative. A joint hospice POC and waiver plan of services and supports must be signed by the hospice provider and waiver case manager/support coordinator and retained in the person's record by the hospice and the waiver providers.

Ongoing communication and coordination must occur regularly between the two providers during the time they are providing services to the same person. Written documentation of ongoing communication and coordination must be kept in the person's record.

Services considered to be potentially duplicative in nature must be coordinated in the joint

hospice POC and HCBS waiver plan of services and supports to avoid duplicative services and include, but are not limited to:

- Hospice aide/homemaker and HCBS waiver personal care attendant (PCA) services,
- Hospice in-patient respite and HCBS waiver institutional respite,
- Hospice medical appliances & supplies and HCBS waiver specialized medical equipment and supplies,
- Hospice physical therapy, speech-language pathology and occupational therapy, and HCBS waiver physical therapy, speech-language therapy and occupational therapy, and
- Hospice nursing care and HCBS waiver home health skilled nurse visits.

POC Requirements

The hospice provider is considered the primary provider and is required to manage the joint hospice POC and HCBS waiver plan of services and supports when a person is receiving both hospice and HCBS waiver services. The joint hospice POC and HCBS waiver plan of services and supports must be retained in the person's record by both the hospice and HCBS waiver provider. The joint hospice POC and HCBS waiver plan of services and supports must clearly identify the services the person receives, which entity is responsible for providing the services, and the frequency of the services to be provided. The frequency of hospice and HCBS waiver services must be coordinated in the joint hospice POC and HCBS waiver plan of services and support to avoid duplicative visits. Each HCBS waiver service included in the joint hospice POC and HCBS waiver plan of services and support must be accompanied by documentation stating why the service is not covered under hospice. The hospice provider and waiver case manager/support coordinator must have a conference regarding the POC before concurrent services can start. The conference must include participation of the person and/or designated representative and must be documented in the person's record.

Use of Services

As hospice is a State Plan service, DOM requires that hospice services be fully utilized before any HCBS waiver services are provided. DOM will conduct retrospective reviews of hospice and HCBS waiver services. If duplication of services is found, DOM may recover the improper payment.

If you have questions regarding the policy changes addressed in this letter, please contact the Office of Long Term Care at (601) 359-6141 or the Office of Mental Health at (601) 359-9545. Thank you for your continued participation in the Mississippi Medicaid program and your commitment to providing quality care to Mississippi's most vulnerable citizens.

Sincerely,



Paulette Johnson, RN, BSN
Long Term Care Director