

## <u>Title 23: Medicaid, Part 205: Hospice Services, Chapter 1:</u> <u>Program Overview, Rule(s) 1.4, 1.8 and 1.10</u>

Public Comments:

November 24, 2021

## On behalf of the hospice community, LMHPCO submits the following comments for clarification on the notice filed regarding Title 23 Medicaid, Part 205 Hospice Services, Chapter 1, Rules 1.4, 1.8 and 1.10.

Page 13 – Section D says that the authorization must be submitted five calendar days prior to the election period for subsequent periods. The documentation that must be submitted includes the MD certification. The CTI can't be done more than 14 days and MS is requiring this be submitted 5 days before so that leaves you a window of 9 days to get the CTI and submit. Section F- is requiring current weight, vital signs, lab tests...may not have current weights or lab tests depending on patient's condition.

Page 17 – type under Service Intensity Add-on, should be SIA

Page 18 – new section D, I don't think this is a language change, but it says that Division of Medicaid does not reimburse for discharge or the date of death, it isn't specific to a level of care.

Page 18 and 19 – G Section 1 at bottom of page. If the hospice doesn't get the paperwork in timely Medicaid will not pay the hospice or the LTC facility. Seems like the hospice would not be paid but the nursing home could still be paid. Also, Medicaid will not reimburse the nursing home for bed hold but will they allow a LTC to bill bed hold. We think this would upset the facilities if they would qualify but not able to bill or get paid for bed hold.

Also, will these changes apply to Medicaid Managed Care?

Thank you for your assistance in securing these clarifications.

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