

**NEW YORK STATE
MEDICAID PROGRAM**

HOSPICE PROGRAM

POLICY GUIDELINES

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Section I – Description of Program

Hospice is a coordinated program of home and inpatient care which treats a terminally ill individual and family as a unit, employing an interdisciplinary team acting under the direction of an autonomous hospice administration. Hospice care may be provided by a hospice agency certified under Article 40 of the Public Health law and approved by Medicare.

The hospice program provides the individual and family with palliative and supportive care to meet the special needs arising out of physician, psychological, spiritual, social and economic stresses experienced during the final stages of illness, and during dying and bereavement.

Eligibility

To be eligible for Hospice care, the individual's physician and the hospice medical director or designee must certify the individual as having a terminal illness. Individuals choosing hospice must voluntarily choose to receive hospice care which precludes usage of other Medicare or Medicaid services for terminal illness and related conditions.

Individuals have the ability to rescind this choice and subsequently reapply for hospice benefits at a later date.

Medicaid Coverage

The hospice benefit includes all services necessary to meet the needs of the patient related to the terminal illness. It is the responsibility of the hospice to provide those services required under the Medicare hospice benefit.

Personal Care Services (PCS) may be authorized by the local department of social services only if:

- determined necessary and part of the plan of care unrelated to the terminal illness, or
- which preceded the terminal illness and
- if the individual meets the PCS eligibility criteria.

Medicaid reimburses for hospice care as follows:

- For routine home care using an all-inclusive daily reimbursement rate;
- Continuous home care during periods of crisis;

- General inpatient care for pain or symptom management;
- Inpatient respite to relieve caregivers; and
- Room and board for individuals receiving hospice care in a skilled nursing facility or hospice residence.

Allowed Services

Services may be provided in the home, a nursing home, assisted living facility, free standing hospice, hospital or hospice residence; and must be provided according to a written plan of care and are focused on easing the symptoms rather than curing the disease. The individual and family receive medical, psychological and social services, and bereavement and pastoral care related to the individual's terminal diagnosis.

Hospice includes the following services as the needs of the patient dictate:

- Nursing;
- Physical Therapy;
- Speech and Language Pathology;
- Home Health Aide and Homemaker;
- Pastoral Care;
- Social Work;
- Psychological;
- Physician;
- Occupational Therapy;
- Medical Supplies and Equipment;
- Bereavement;
- Pharmaceutical/Laboratory;
- Nutrition;
- Audiology; and
- Respiratory Therapy.

Disallowed Services

The following Medicaid services/programs are not allowed in combination with the hospice benefit:

- Private Duty Nursing;
- Long Term Home Health Care Program/Lombardi Program;
- Certified Home Health Agency Services; and
- Adult Day Health Care service.

Overpayment resulting from duplication of services will be recouped from the hospice provider.

Section II – Definitions

For the purposes of the Medicaid Program, and as used in this Manual, the following terms are defined:

Hospice Program

Hospice is a coordinated program of home and inpatient care which treats a terminally ill individual and family as a unit, employing an interdisciplinary team acting under the direction of an autonomous hospice administration.

Terminal Illness

A terminal illness is a medical prognosis for a life expectancy of six months or less if the illness runs its normal course.