



Office of  
Medical Assistance

John R. Kasich, Governor  
John B. McCarthy, Director



# ***“Basic” Medicaid State Plan Hospice Services***

Ohio Office of Medical Assistance  
Bureau of Long Term Care Services & Support  
and  
State Plan Related Services Work Group (Hospice, Home  
Health & Private Duty Nursing)

February 2013



## **Webinar “Housekeeping”**

- **Questions -- Please send your questions to this mailbox with the subject (Re) line “Webinar – Hospice”:**  
**[BHCS@jfs.ohio.gov](mailto:BHCS@jfs.ohio.gov)**



## **Webinar “Housekeeping” (con’t)**

- **Planned webinars. Pre-registration is required.**
  - **“Basic” Medicaid State Plan Private Duty Nursing Services will be rebroadcasted on Tuesday, February 19<sup>th</sup> at 1:30 pm**

**<https://www3.gotomeeting.com/register/765419638>**



## **Webinar “Housekeeping” (con’t)**

- **Planned webinars. Pre-registration is required.**
  - **“Basic” Medicaid State Plan Hospice will be rebroadcasted on Wednesday, Feb. 20<sup>th</sup> at 9:00 am**

<https://www3.gotomeeting.com/register/745744966>



## **Objective**

- Describe the main components and requirements of “basic” state plan Medicaid services and to
- Improve coordination of “basic” state plan Medicaid services with HCBS waiver services
- “Basic” and “related” state plan Medicaid services included are
  - Home health (HH) services
  - Private duty nursing (PDN) services
  - Hospice services



## ***“Basic” Medicaid State Plan Services***

- Behavioral Health
- Dental\*
- Durable Medical Equipment (DME)
- **Home Health (HH)**
- **Hospice**
- Immunizations
- Inpatient Hospital
- Laboratory

**\*Services subject to co-payments**



## ***“Basic” Medicaid State Plan Services (con’t)***

- Outpatient Hospital
- Prescriptions\*\*
- **Private Duty Nursing (PDN)**
- Radiology
- Therapies
- Transportation
- Vision\*
- Other Services

\* Services subject to co-payments

\*\* Drug benefit provided through Medicare for certain ABD consumers



## **“Basic” Medicaid State Plan Benefits**

- **Ohio Medicaid card**
- **All Ohio Medicaid consumers/recipients/beneficiaries**
- **No case management services for non-waiver (“basic” Medicaid state plan) consumers/recipients/beneficiaries**
- **Services must be medically necessary; and reasonable in their amount, frequency, and duration**
- **Children and adults with an Ohio Medicaid card may be enrolled in a waiver**



## **“Basic” Medicaid State Plan Benefits (con’t)**

- **Qualified Medicare Beneficiary (QMB) Only, Specified Low-Income Medicare Beneficiary (SLMB or Q-2), and Qualified Individual (Q-1) are not Ohio Medicaid beneficiaries**
- **Recipient who has not yet met his/her spenddown requirement is not entitled to institutional room & board (revenue code 101) nor to hospice room & board (T2046) until the date the County Department of Job & Family Services (CDJFS) released his/her monthly Medicaid card**
- **If county caseworker finds improperly transferred resources, Medicaid will not pay for institutional room & board (revenue code 101) nor hospice room & board (T2046) for a specified period of time called Restricted Medicaid Coverage Period.**



## **Coordination of Medically Necessary Services**

- **Improve coordination of “basic” state plan Medicaid services with HCBS waiver services**
- **Establish consistent care planning practices and coordinated case management**
- **Share responsibility for difficult care planning decisions**
- **Utilize services efficiently and effectively by consistent service sorting**
- **Address consumers’ needs including health and safety risk factors**



## **Coordination (con't)**

- **Care Planning Considerations**
  - **Assess the needs of the consumer**
  - **Identify the resources available to meet the consumer's assessed needs**
  - **Create the waiver service plan for a waiver consumer**
  - **Create the plan of care**



## **Coordination (con't)**

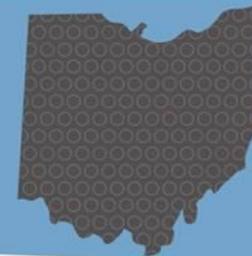
### **Hierarchy of Services in Service Planning**

- 1. Natural (family/friends) support**
- 2. Community resources**
- 3. Commercial or private insurance**
- 4. Medicare**
- 5. Medicaid state plan**
- 6. Medicaid HCBS waiver services include those administered by ODA, by DODD, and OMA**



## **Coordination (con't)**

- **The Health Care Puzzle**
  - **Care that is delivered to a consumer is the care that is financed.**
  - **Each professional has a role to play in the delivery of health care to a consumer.**
  - **Each organization has constraints, e.g. agency policies and procedures, professional standards of care, federal and state regulations, conditions of participation, etc.**
  - **Agency staff whether for profit or non-for-profit, government or private, are each other's customers.**
  - **Collaboration and coordination work together for the benefit of the consumer. They require respecting each other's professional role and keeping focused on what is best for the consumer.**



## ***Part 3. “Basic” Medicaid State Plan – Hospice Services***



## **Hospice Outline**

- **Providers of Hospice**
- **Health Care Reform (PPACA) Updates**
- **Concurrent Curative Treatment for Children**
- **Requirements for Hospice Election**
- **Requirements for Hospice Discharge**
- **Requirements for Hospice Revocation**
- **Transfer to Different Hospice**
- **Requirements for Hospice Services**
- **Types of Hospice Services**
- **Hospice T-codes**
- **Hospice Service Limits**
- **Some Hospice Provider Requirements**
- **References & Links**



## **State Plan Hospice Provider**

- **Medicare Certified Hospice Agency**  
**--Conditions of Participation (COPs) per**  
**42 CFR Part 418**



## **PPACA**

*(Patient Protection & Affordable Care Act)*

- **PPACA is silent regarding Medicaid hospice services but requires a face-to-face encounter and certification of medical necessity by physician for Medicare hospice.**



## **PPACA (con't)**

- **Concurrent Curative Treatment for Children is allowed for children under the age of 21 who have elected hospice.**



## **Requirements for Hospice Services**

- **Consumer must be Medicaid eligible.**
- **Attending physician and hospice medical director or physician member of interdisciplinary group must certify that the consumer is terminally ill.**
- **Consumer must elect hospice for Medicaid in writing.**
- **Hospice election must occur at the same time for all payer types (Medicare, private pay, other third party coverage, and Medicaid) and this should be considered during the hierarchical service planning by case managers (e.g. Medicare is primary).**



## **Requirements for Hospice Election (con't)**

- **Election form states consumer or representative**
  - **Aware of the palliative rather than curative nature of hospice care as it relates to the terminal illness.**
  - **Signed and dated.**
  - **Specifies type of care and services that may be provided.**
  - **Effective date of election may be date signed or a later date.**
  - **Provider's form.**



## **Requirements for Hospice Election (con't)**

- **Consumer designates the specific hospice on the election form.**
- **Consumer waives Medicaid services from other undesignated hospices unless provided by arrangement with the designated hospice.**
- **Consumer waives curative treatment of terminal condition unless under age twenty-one.**
- **Consumer waives Medicaid services if the services have the same “scope” or are equivalent to hospice care.**



## **Requirements for Hospice Election (con't)**

- **Hospice claims will not pay on the same date of service for home health services.**
- **Hospice claims will not pay on the same date of service for private duty nursing services.**
- **When hospice is elected, the case manager must update the service plan for a waiver consumer.**



## **Requirements for Hospice Discharge**

- **When consumer**
  - Expires
  - No longer meets enrollment criteria
  - No longer terminally ill
  - Moves out of service area
  - Enters a non-contracted facility
  - Revokes hospice benefit
  - Transfers to another hospice
  - Compromises safety of consumer or hospice staff



## **Requirements for Hospice Revocation**

- **Consumer may revoke the election of hospice once each benefit period (initial 90 days, second 90 days, and subsequent 60-day periods).**
- **Medicaid coverage resumes upon revocation and any rights to additional hospice coverage are forfeited thru the remaining days of that same benefit period.**



## **Requirements for Hospice Discharge & Revocation**

- **Provider must complete a written statement of discharge, retain original, and provide the consumer/representative with a copy.**
- **Provider must obtain a written statement of revocation, retain the original, and provide consumer/representative with a copy.**
- **Both documents must be signed and dated and contain the reason for the action.**
- **When hospice is elected, the case manager must update the service plan for a waiver consumer.**



## **Requirements for Hospice Discharge & Revocation (con't)**

- **Following discharge from hospice or voluntary revocation of hospice, consumer may elect hospice benefit at a later date if he/she qualifies as terminally ill and meets these requirements:**
  - **Discharge or revocation in the initial 90 day benefit period, may re-enroll in the second 90 day benefit period.**
  - **Discharge or revocation in the second 90 day benefit period or any subsequent 60 day benefit period, may re-enroll in a subsequent 60 day benefit period.**
  - **Following a discharge or revocation, the consumer may not re-enroll during the same benefit period.**
  - **Consumer must complete a discharge or voluntary revocation for all payers (Medicaid, Medicare, and third parties) effective on the same date.**



## **Transfer to Different Hospice**

- **Transfer must be effective for all payers (Medicaid, Medicare, and third parties) on the same date.**
- **Designation of the particular hospice from which hospice care is received may be changed once during each 90 or 60 day benefit period.**
- **Consumer must file a signed statement with the discharging hospice and the admitting hospice that includes**
  - **Name of each hospice and**
  - **Date the change is effective.**



## **Requirements for Hospice Election, Revocation, Discharge, and Transfer**

- **When hospice is elected, the case manager must update the service plan for a consumer.**
  - **Hospice claims will not pay on the same date of service for home health services.**
  - **Hospice claims will not pay on the same date of service for private duty nursing services.**



## **Consumers in Other Categories**

- **Program for the All-inclusive Care of the Elderly (PACE)**
  - Hospice services through PACE
- **Managed care plan (MCP)**
  - Hospice services from the MCP
- **Home and Community Based Waiver (HCBS)**
  - If consumer enrolled in a HCBS waiver, the consumer may later be enrolled in hospice.
  - If consumer is enrolled in the hospice benefit, the consumer is not later eligible for HCBS waiver enrollment.



## **Coverage of Hospice Services**

- **Certification that recipient is terminally ill**
- **Reasonable and necessary for the palliation and management of the terminal illness and related conditions**
- **Election of hospice care**
- **Plan of care**
- **Professional management (assessment, planning, monitoring, directing and evaluation of recipient's care across all setting) of recipient's care assumed by hospice**
- **Consists of core hospice services and non-core hospice services**



## **Types of Hospice Services**

- **“Core” hospice services related to terminal diagnoses delivered by hospice employees**
  - Nursing care
  - Medical social services
  - Counseling services, including but limited to dietary, bereavement, spiritual, & additional counseling)
  - Physician services



## **Types of Hospice Services (con't)**

- **“Non-Core” hospice services related to terminal diagnoses covered by hospice either by hospice employees or under contractual arrangement**
  - Short-term inpatient care on intermittent, nonroutine, occasional basis
  - Medical appliances and supplies, including drugs and biologicals
  - Home health aide and homemaker services
  - Therapies – physical, occupational, speech-language pathology
  - All other medical treatment and diagnostic procedures related to the terminal condition
  - Transportation services related to terminal condition



## **Types of Hospice Services (con't)**

- **Nursing facility or ICF-MR (ICF-IID) care delivered per plan of care including**
  - **Personal care services**
  - **Assistance with activities of daily living**
  - **Administering medication**
  - **Socializing activities**
  - **Maintaining cleanliness of consumer's room**
  - **Supervising and assisting with use of durable medical equipment and prescribed therapies**



## **Types of Hospice Services (con't)**

- **Services for Waiver Consumers**
  - **Waiver providers continue to provide services not related to the terminal diagnoses that were provided for the pre-existing medical conditions before the election of the hospice benefit.**
  - **Hospice providers provide “core” and “non-core” hospice services related to the terminal diagnoses.**
  - **Waiver provider should not duplicate services provided by the hospice provider.**



## **Types of Hospice Services (con't)**

- For services **unrelated to terminal condition**, providers must follow all applicable Medicaid authorization policies and procedures **and** call the hospice before providing any services to clarify consumer's status



## **Hospice T-codes**

- **Hospice routine home care (T2042)**
- **Hospice continuous home care (T2043)**
- **Inpatient respite care (T2044)**
- **General inpatient care (T2045)**
- **Above 4 services are also covered by Medicare**



## **Hospice Services T-codes (con't)**

- **Institutional Room & Board (T2046) in a nursing facility (NF) or ICF-MR (ICF-IID)**
- **Home health services and PDN services will not be reimbursed when the recipient resides in an institutional setting whether the recipient is a hospice recipient or has not elected hospice.**



## **Hospice Service Limits**

- **One unit per day for all hospice T-codes except T2043**
- **T2043 (hospice continuous home care) is billed as one unit per hour with a minimum of 8 hours billed per day**
- **Room & Board (T2046)**
  - **Hospice paid 95% of the specific institutional rate**
  - **Must bill only for days the consumer stays overnight**
  - **Hospice can bill for consumers receiving T2042 or T2043 thru Medicare or Medicaid coverage**
  - **Consumers not entitled to Medicaid covered bed-hold days**



## **Hospice Service Limits (con't)**

- **When hospice benefit elected by consumer, state plan nursing services are delivered thru hospice provider. G0154 home health nursing service and T2042 hospice routine home care are considered equivalent, same, and/or like services.**
  - **Claims for HH service G-codes and hospice service T-codes will not pay on the same date of service**



## **Hospice Service Limits (con't)**

- **When hospice benefit elected by consumer, private duty nursing (PDN) services are delivered thru hospice provider. T1000 PDN and T2042 hospice routine home care are considered equivalent, same, and/or like services.**
  - **Claims for PDN service T1000 code and hospice service T-codes will not pay on the same date of service.**



## **Some Hospice Provider Requirements**

- **Assumes full responsibility for professional management of consumer's hospice care.**
- **May not discontinue nor diminish hospice care to a consumer because of inability to pay or receive Medicaid reimbursement.**
- **Inform County Department of Job & Family Services in writing of any change of consumer's address.**
- **Arrange with other individual or entity for provisions of "non-core" services via a signed agreement.**



## **Some Hospice Provider Requirements (con't)**

- **Provide a copy of consumer's election form and advance directive to other Medicaid providers.**
- **Have a signed agreement with nursing facility, ICF-MR (ICF-IID), general inpatient facility, and/or inpatient respite care facility where consumer resides or receives services.**
- **Obtain written certification of terminal illness for each hospice benefit period.**
- **Establish a written plan of care prior to providing care.**
- **Designate a registered nurse to coordinate implementation of the plan of care.**



## **Some Hospice Provider Requirements (con't)**

- **Label the consumers monthly Medicaid card with hospice's name no later than 8<sup>th</sup> day**
- **Collaborative effort between hospice case manager and waiver case manager to maintain a continuum of overall care for consumers enrolled in an HCBS waiver program**
  - **Case management of hospice services by hospice case manager**
  - **Case management of waiver services by waiver case manager**
  - **Comprehensive plan for concurrent provision of services**



## Hospice References

- **OAC References:**
  - **5101:3-56-01 Hospice services: definitions**
  - **5101:3-56-02 Hospice services: eligibility and election requirements**
  - **5101:3-56-03 Hospice services: discharge requirements**
  - **5101:3-56-03.3 Hospice services: reporting requirements**
  - **5101:3-56-04 Hospice services: provider requirements**
  - **5101:3-56-05 Hospice services: covered services**
  - **5101:3-56-06 Hospice services: reimbursement**



## **Hospice Links**

- Fee schedules and rates

<http://jfs.ohio.gov/ohp/bhpp/FeeSchdRates.stm>

- OMA/JFS Forms

<http://www.odjfs.state.oh.us/forms/inter.as>



## Hospice Links

- eManuals <http://jfs.ohio.gov/ohp/provider.stm>
  - Miscellaneous links at this location include ‘Billing’, ‘Enrollment & Support’, ‘Provider Types’, ‘Other Resources’ (eManuals, forms, etc.), and ‘News’
  - **Under ‘Other Resources’ Click on eManuals > Provider Types (more) > Ohio Health Plans – Provider (more) > Hospice**
    - Here you can click on Hospice Rules and Medical Assistance Letters
    - Rules at this location have changes [deletions (struck or lined out) and additions)] indicated



## *More OAC Links*

- **Ohio Administrative Code (finalized rules)**

<http://codes.ohio.gov/oac>

- **Register of Ohio (rules in progress)**

<http://www.registerofohio.state.oh.us/>



## ***Links to OMA/ODJFS Web Pages***

**Medicaid Information Technology System (MITS)**

**<http://jfs.ohio.gov/mits/index.stm>**

**Ohio Medicaid Providers (billing, enrollment, etc.)**

**<http://jfs.ohio.gov/ohp/provider.stm>**



## **Ohio Department of Aging Resources**

- **Ohio Revised Code 173.431 Administration of budget**
- **Ohio Revised Code 173.432 Care management and authorization services**
- **Ohio Administrative Code 173-39-02.11 Personal care service**



### **Myth or Fact – Indicate which**

- **1 -- A Medicaid recipient may not receive Medicaid home health and Medicaid Hospice services simultaneously because MITS will not pay claims for Medicaid home health and Medicaid hospice on the same date of service**  
*Myth/ Fact*
- **2 -- A Medicaid recipient may not receive Medicaid private duty nursing services and Medicaid Hospice services simultaneously because MITS will not pay claims for Medicaid private duty nursing and Medicaid hospice on the same date of service.** *Myth/ Fact*
- **9 -- It is the case manager's responsibility to educate the consumer about the Medicare and Medicaid home health services they qualify for.** *Myth/ Fact*
- **Answer key –**
  - Myths –
  - Facts – 1, 2, 9



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