AMOUNT, DURATION, AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED
LIMITATION ON THE AMOUNT, DURATION AND SCOPE OF CERTAIN ITEMS OF PROVIDED MEDICAL AND REMEDIAL CARE AND SERVICES ARE DESCRIBED AS FOLLOWS

CITATION
1905 (o) of the Social Security Act;

42 CFR Part 418

Medical and Remedial Care and Services - Item 18

Hospice Care

The Bureau of Health Services Financing (BHSF) will provide reimbursement for hospice care for Medicaid recipients who are terminally ill. Terminally ill means that the individual has a medical prognosis that his or her life expectancy is 6 months or less if the illness runs its normal course.

Election Periods

An individual may elect to receive hospice care during one or more of the following election periods:

1. an initial 90-day period;
2. a subsequent 90-day period; and
3. subsequent 60-day periods.

The election periods may be used consecutively or at different times during the recipient's life span. An individual may not designate an effective date that is earlier than the date that the election is made.

Prior authorization is required for all subsequent 60-day periods. A patient must have a terminal prognosis.

Election Statement

An election statement must be filed with a specific hospice for the individual who meets the requirements. An election to receive hospice care will be considered to continue through the initial certification period and the subsequent election periods without a break in care as long as the individual remains in the care of the hospice and does not revoke the election.

Dually eligible (Medicare and Medicaid) recipients must elect hospice care in both the Medicare and Medicaid programs simultaneously to receive Medicaid hospice care.

Certification of Terminal Illness

The hospice must obtain written certification of terminal illness for each of the certification periods even if a single election continues in effect for two or more periods. The certification must specify that the individual's prognosis is for a life expectancy of six months or less if the terminal illness runs its normal course.

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STATE Louisiana
DATE REC'D 07-05-02
DATE APPV'D 07-12-02
DATE EFF 07-01-02
HCFA 179 LA-02-08

AMOUNT, DURATION, AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED
LIMITATION ON THE AMOUNT, DURATION AND SCOPE OF CERTAIN ITEMS OF PROVIDED MEDICAL AND REMEDIAL CARE AND SERVICES ARE DESCRIBED AS FOLLOWS

Plan of Care

A written plan of care must be established and maintained for each individual admitted to a hospice program. The care provided to an individual must be consistent with the plan and be reasonable and necessary for the palliation or management of the terminal illness as well as related conditions. The plan of care must be established before services are provided.

Waiver of Payment for Other Services

An individual waives all rights to Medicaid payments for the duration of the election of hospice care for the following services:

Hospice care provided by a hospice other than the hospice designated by the individual; and

Any Medicaid services that are related to the treatment of the terminal condition for which hospice care was elected or a related condition or that are equivalent to hospice care except for services provided:

by the designated hospice; or

the individual's attending physician if that physician is not an employee of the designated hospice or receiving compensation from the hospice for those services.

STATE Louisiana	A
DATE REC'D 07-05-02	
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PAYMENTS FOR MEDICAL AND REMEDIAL CARE AND SERVICES

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES - OTHER TYPES OF CARE OR SERVICES LISTED IN SECTION 1905 (A) OF THE ACT THAT ARE INCLUDED IN THE PROGRAM UNDER THE PLAN ARE DESCRIBED AS FOLLOWS:

CITATION
42 CFR Part 418
Subpart G

State Medicaid
Manual, Chapter
4, Sections 4306
& 4307

P.L. 105.33

Medical and Remedial Care and Services
Item 18

Hospice Care

Method of Payment

Hospice care is reimbursed utilizing the principles of reimbursement as detailed in the State Medicaid Manual, Chapter 4, Sections 4306 and 4307 as amended by Public Law 105-33, "Balanced Budget Act of 1997".

Payment Rates

The payment rates for each level of care will be those used under Part A of Title XVIII (Medicare), adjusted to disregard cost offsets attributable to Medicare coinsurance amounts. For routine home care, continuous home care, and inpatient respite care, only one rate is applicable for each day. For continuous home care, the amount of payment is determined based on the number of hours of continuous care furnished to the recipient on that day.

Payment rates are adjusted for regional differences in wages. The Bureau will compute the adjusted rate based on the geographic location at which the service was furnished to allow for the differences in area wage levels, using the same method used under Part A of Title XVIII.

The hospice will be paid an additional amount on routine home care and continuous home care days to take into account the room and board furnished by the facility for Medicaid recipients residing in a nursing facility or intermediate care facility for the mentally retarded (ICF/MR).

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STATE Louisiana
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State Medicaid Manual, Chapter 4, Sections 4306 & 4307

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Medical and Remedial Care and Services
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Hospice Care

Method of Payment

Hospice care is reimbursed utilizing the principles of reimbursement as detailed in the State Medicaid Manual, Chapter 4, Sections 4306 and 4307 as amended by Public Law 105-33, "Balanced Budget Act of 1997".

Payment Rates

The Louisiana Medicaid Hospice Program pays Medicaid hospice rates that are calculated by using the Medicare hospice methodology but adjusted to disregard cost offsets allowed for Medicare deductible/coinsurance amounts. For routine home care, continuous home care, and inpatient respite care, only one rate is applicable for each day. For continuous home care, the amount of payment is determined based on the number of hours of continuous care furnished to the recipient on that day.

Payment rates are adjusted for regional differences in wages. The Bureau will compute the adjusted rate based on the geographic location at which the service was furnished to allow for the differences in area wage levels, using the same method used under Part A of Title XVIII. These adjusted rates are published on the agency's website at www.dhh.louisiana.gov/rar.

The hospice will be paid an additional amount on routine home care and continuous home care days to take into account the room and board furnished by the facility for Medicaid recipients residing in a nursing facility or intermediate care facility for ~~the mentally retarded (ICF/MR)~~persons with developmental disabilities (ICF/DD). Effective for dates of service on or after February 1, 2009, the room and board rate reimbursed to hospice providers shall be 95 percent of the per diem rate that would have been paid to the facility for the recipient if he/she had not elected to receive hospice services.