
Hospice Services

4.227 Hospice Services

4.227.1 Conditions for Coverage

4.227.1.1 Eligibility

For a beneficiary to receive hospice coverage, all of the following conditions must be met:

- (a) A physician must certify that the beneficiary is within the last six months of life; and
- (b) The beneficiary requesting hospice coverage has signed an election of hospice care.
 - (i) For beneficiaries age 19 and over, the election of hospice care waives all other Medicaid coverage except the services of a designated family physician, ambulance service, and services unrelated to the terminal illness.
 - (ii) Children under the age of 19 may receive hospice services concurrently with curative treatment.

4.227.1.2 Conditions

- (a) Hospice services to terminally ill recipients are covered in accordance with 42 U.S.C. § 1396d(o).
- (b) Hospice services must be rendered by a Medicare-certified hospice provider and in accordance with Medicare conditions of participation.

4.227.1.3 Reimbursement

- (a) Payment to enrolled hospice providers will be made at the daily rates set by Medicare for each provider. Rates of payment and total reimbursement for hospice care will be made in accordance with Medicare reimbursement and audit principles.
- (b) Medicaid will make no payment to the hospice provider selected by the Medicaid recipient for any services or supplies other than the hospice service.
- (c) The hospice provider may not charge any amount to or collect any amount from the recipient or the recipient's family for a covered hospice service during the period of hospice coverage.
- (d) Other than the provisions in section 4.227.1.1(b)(i) and(ii), no institutional provider (skilled nursing facility, hospital or intermediate care facility) will be paid for services while a beneficiary is receiving hospice services in its facility, including room and board.