



STATE OF MICHIGAN
DEPARTMENT OF COMMUNITY HEALTH
LANSING

RICK SNYDER
GOVERNOR

OLGA DAZZO
DIRECTOR

May 2012

Dear Hospice Provider and MI Choice Waiver Agency:

The Michigan Department of Community Health (MDCH) recognizes it might be necessary for some Medicaid beneficiaries nearing the end of life to receive both MI Choice Waiver and hospice services to ensure they can remain in their home. Since the two programs offer similar services, it is imperative that these providers work together with the beneficiary and the family or authorized adult to assure the beneficiary's needs are met without duplicating services.

This letter serves as policy clarification to both MI Choice and hospice providers.

Hospice Services

Hospice is responsible for the core services necessitated by the beneficiary's terminal illness.

The Medicaid Provider Manual, Hospice Chapter, Sections 6.1, Core Services states:

"The hospice must provide all or substantially all of the core services applicable for the terminal illness in the beneficiary's home. (Home may include the beneficiary's private dwelling, apartment, boarding home, assisted living facility, adult foster care (AFC) facility, home for aged (HFA), nursing facility (NF) or hospice-owned NF.)

These core services are:

- *Physician Care*
- *Nursing Care*
- *Social Work*
- *Counseling (Bereavement, Spiritual, Dietary)"*

Section 6.2, Other Hospice Covered Services further explains:

"Other services that may be necessary due to the terminal illness and must be available but are not considered core services are:

*Drugs/Biologicals
Home Health Aide services
Homemaker services
Medical Supplies/Durable Medical Equipment
Physical Therapy
Occupational Therapy
Speech Therapy
Short-term Inpatient Care"*

Hospice does not provide 24 hour around-the-clock custodial care. The hospice philosophy is based on the premise that the beneficiary has other caregivers (e.g., family, friends, neighbors, paid caregivers, etc.) to provide custodial or personal care apart from what the hospice is able to provide. These caregivers participate in the implementation of the hospice plan of care by administering medications, repositioning the bedbound patient, providing dietary supplements, assisting with toileting, etc. These types of services might be available through informal supports or the waiver.

MI Choice Waiver Services

MI Choice is a Medicaid waiver program that offers home and community-based services to elderly persons and persons with physical disabilities who meet the Michigan nursing facility level of care criteria. MDCH carries out its waiver obligations through a network of enrolled providers that operate as organized health care delivery systems, commonly referred to as waiver agencies.

MI Choice waiver participants may be eligible to receive services that include but are not limited to:

- Homemaker
- Personal Care
- Respite Care
- Medical Equipment and Supplies
- Chore Services
- Counseling
- Private Duty Nursing

Communication and Coordination

MDCH requires MI Choice waiver agencies and hospice providers to work together when serving the same beneficiary. Both agencies are required to have ongoing communication with each other. This communication must be documented in the beneficiary's record at each agency.

The Medicaid Provider Manual, Hospice Chapter, Section 6.7.D, Adult Home and Community Based Waiver Beneficiaries (MI Choice) states:

"If the beneficiary is enrolled in the waiver program, the hospice must contact the beneficiary's waiver coordinator/agent. A joint plan of care (POC) must be retained in the beneficiary's record by both the hospice and the waiver coordinator. The waiver coordinator must understand the hospice philosophy so that the two agencies work for a common goal and eliminate duplicate services. Ongoing communication and coordination must occur regularly between the two providers during the time they are serving the same beneficiary. Written documentation of this ongoing communication and coordination must be kept in the beneficiary's record at each agency."

The Medicaid Provider Manual, MI Choice Waiver Chapter, Section 4.3, Hospice states:

"It is important that the waiver agency understand the hospice philosophy so the two entities work for a common goal and avoid redundant services. Ongoing communication and coordination must occur between the MI Choice supports coordinator and the hospice provider during the time they are serving the participant. Written documentation of this communication and coordination must be kept in the participant's record at each agency."

Plan of Care (POC) Requirements

When a beneficiary is receiving services from both hospice and MI Choice, hospice is the primary provider and manages the joint plan POC. A joint POC must be retained in the beneficiary's record by both the hospice and the waiver coordinator. The POC must clearly identify the services the beneficiary receives, which entity is responsible for providing the services, and the frequency of the services to be provided. Each MI Choice service included in the POC should be accompanied by documentation stating why the service is not covered under hospice.

Use of Services

Because hospice is a Michigan Medicaid State Plan service, MDCH expects that hospice services be fully utilized **before** authorizing MI Choice services. MDCH may conduct retrospective reviews of MI Choice and hospice services. If duplication of services is found, MDCH may recover payment for those services

from the waiver agency. Therefore, it is in the waiver agency's best interest to assure the hospice authorizes and provides all appropriate hospice services.

The Medicaid Provider Manual, Hospice Chapter, Section 6.7.D, Adult Home and Community Based Waiver Beneficiaries (MI Choice) states:

"Hospice services must be used to the fullest extent before additional waiver services of the same type are provided. Post-payment review may be employed to monitor services. If inappropriate (e.g., duplicative) waiver services were provided, MDCH will seek recovery of Medicaid funds paid for those services from the waiver coordinator."

The Medicaid Provider Manual, MI Choice Waiver Chapter, Section 4.3, Hospice states:

"State Plan Hospice services must be used to the fullest extent before similar MI Choice services are authorized. Inappropriate services (e.g., duplicative, non-covered) are subject to MDCH recovery of the amounts paid for those services from the waiver agency."

Hospice Membership Notice (DCH-1074)

If the beneficiary is enrolled in hospice and determined to be eligible to receive waiver services, the waiver agency must inform the hospice when they will begin providing services. The hospice must resend the Hospice Membership Notice (DCH-1074) to the Enrollment Services Section, MDCH, indicating the date prior to the begin date of waiver services in the REMARKS Section as the last date for level of care (LOC) 16. This will allow LOC 22 to be placed on the beneficiary's member file. Hospice can continue to provide and bill for services however, the Benefit Plan ID of MI Choice must be noted in the REMARKS Section of the claim form in order to allow for correct claims processing.

The hospice should not submit a DCH-1074 to MDCH if the eligibility response indicates the Benefit Plan ID of MI Choice for the date of service. The hospice must contact the waiver coordinator to discuss and coordinate the services required.

If you have questions regarding this policy reminder, please contact:

Hospice

MSA Policy Division
e-mail: MSAPolicy@michigan.gov

MI Choice Waiver

Elizabeth Gallagher
Waiver Program Manager
e-mail: GallagherE@michigan.gov
517-335-5068

Thank you for your continued participation in the Michigan Medicaid program and your commitment to providing quality care to Michigan's most vulnerable citizens.

Sincerely,



Stephen Fitton, Director
Medical Services Administration