

**Bulletin Number:** MSA 11-01

**Distribution:** Hospice, Medicaid Health Plans, MICHild Health Plans, MICHild Manual Holders, Local Health Departments, MICHild Administrative Contractor (MAXIMUS), Department of Human Services Central Office, Tribal Health Clinics, Federally Qualified Health Centers

**Issued:** January 1, 2011

**Subject:** Concurrent Hospice and Curative Care for Children

**Effective:** As Indicated

**Programs Affected:** Medicaid, MICHild

This policy bulletin is pursuant to section 2302 of the Affordable Care Act (Pub. L. No. 111-148 as amended by the Health Care and Education Reconciliation Act of 2010 (Pub. L. No. 111-152)). Section 2302 of the law amends sections 1905(o)(1) and 2110(a)(23) of the Social Security Act to remove the prohibition of receiving curative treatment upon the election of the hospice benefit by or on behalf of a Medicaid or Children's Health Insurance Program (CHIP) eligible child. This provision became effective upon enactment of the Affordable Care Act (ACA) on March 23, 2010.

Effective as noted above, the Michigan Medicaid program, including the Medicaid Health Plans, and MICHild will cover hospice care for children under 21 years of age concurrent with curative treatment of the child's terminal illness. This allows the beneficiary or the beneficiary's representative to elect the hospice benefit when the need for hospice care or the terminal diagnosis is certified by a physician and the hospice medical director, without forgoing any curative service to which the child is entitled under Medicaid for treatment of the terminal condition.

Section 2302 of the ACA does not make the hospice financially responsible for any care that it would not have provided previously to the Act. Therefore, if the hospice would not have covered a curative service (including drugs) prior to enactment of this legislation, the new provision would not change the treatment of the terminal condition by the hospice. Under the ACA, Michigan Medicaid will continue to reimburse for curative care separately from hospice services. **When these treatments are used palliatively they are the responsibility of the hospice and as such must be included in the per diem cost.**

#### Public Comment

The public comment portion of the policy promulgation process is being conducted concurrently with the implementation of the change noted in this bulletin. Any interested party wishing to comment on the change may do so by submitting comments in writing to:

Attn: Joyce Hight  
MDCH/MSA  
PO Box 30479  
Lansing, Michigan 48909-7979  
Or  
E-mail: [hightj@michigan.gov](mailto:hightj@michigan.gov)

If responding by e-mail, please include "Concurrent Hospice" in the subject line.

## Manual Maintenance

Retain this bulletin until applicable information has been incorporated into the Michigan Medicaid Provider Manual.

## Questions

Any questions regarding this bulletin should be directed to Provider Inquiry, Department of Community Health, P.O. Box 30731, Lansing, Michigan 48909-8231, or e-mail at [ProviderSupport@michigan.gov](mailto:ProviderSupport@michigan.gov). When you submit an e-mail, be sure to include your name, affiliation, and phone number so you may be contacted if necessary. Providers may phone toll-free 1-800-292-2550.

## Approved

A handwritten signature in black ink that reads "Stephen Fitton". The signature is written in a cursive style with a small dot above the letter 'i' in "Fitton".

Stephen Fitton, Director  
Medical Services Administration