

Bulletin Number: MSA 11-11

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: March 1, 2011

Subject: Concurrent Hospice and Curative Care for Children

Effective: As Indicated

Programs Affected: Medicaid, MICHild, Children's Special Health Care Services (CSHCS)

This bulletin is being issued to reflect the addition of the Children's Special Health Care Program to this benefit, previously discussed in bulletin MSA 11-01. Additional language is noted in italics.

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. *The Children's Special Health Care Services (CSHCS) program is not specifically included in the legislation; however, CSHCS hospice policy will remain consistent with Medicaid hospice policy as described in this bulletin.*

Effective as noted above, the Michigan Medicaid program, including the Medicaid Health Plans, and MICHild *and the CSHCS program*, 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, the Michigan Medicaid program, including the Medicaid Health Plans, MICHild, and *the CSHCS program*, 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.**

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. 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 large initial 'S' and 'F'.

Stephen Fitton, Director
Medical Services Administration