

Bulletin Number: MSA 08-52

Distribution: Hospice, Physicians

Issued: November 1, 2008

Subject: CSHCS Hospice Benefit

Effective: December 1, 2008

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

The CSHCS hospice benefit provides assistance to a client/family when end of life care related to the client's CSHCS qualifying diagnosis is appropriate. Hospice is intended to address the medical needs of the client with a terminal illness whose life expectancy is limited to six months or less.

Hospice services must be prior authorized. Prior authorization requests require medical documentation from the client's enrolled CSHCS subspecialist who is authorized (i.e., listed on the client's CSHCS authorized provider file) to treat the terminal illness. The medical documentation must include **all** of the following:

- A statement of the terminal diagnosis.
- A statement that the client has reached the terminal phase of illness where the CSHCS subspecialist deems end of life care necessary and appropriate.
- Documentation of the need to pursue end of life care.
- A statement of limited life expectancy of six months or less.
- A proposed plan of care to address the service needs of the client that is:
 - less than 30 days old,
 - consistent with the philosophy/intent of the CSHCS hospice benefit as described above,
 - clinically and developmentally appropriate to the client's needs and abilities,
 - representative of the pattern of care for a client who has reached the terminal phase of illness, and
 - signed by the CSHCS subspecialist authorized to treat the terminal illness.

The prior authorization time period does not exceed six months. To continue hospice services beyond six months, a new prior authorization request with medical documentation must be submitted as described above.

Hospice may not be authorized and/or continued for a CSHCS client when **one or more** of the following is true:

- The medical documentation no longer supports the above criteria (e.g., change in condition, change in the plan of care, etc.).
- The family chooses to discontinue hospice.
- The medical services being rendered by the hospice provider are available through another benefit.

Requests for hospice must be made in writing to CSHCS. (Refer to the Directory Appendix for contact information.) CSHCS responds to all prior authorization requests for hospice services in writing.

Manual Maintenance

Retain this bulletin until the 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 "Paul Reinhart". The signature is written in a cursive, flowing style.

Paul Reinhart, Director
Medical Services Administration