



## APPLE HEALTH (MEDICAID) MANUAL REVISION

<b>Revision #</b>	<b>049</b>
<b>Chapter / Section</b>	<b>Long-term Care, Hospice, Hospice changes or death reported</b>
<b>Issued Date</b>	<b>02/01/2018</b>
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### Summary of Revision

<https://www.hca.wa.gov/free-or-low-cost-health-care/program-administration/hospice-change-circumstances>

No change in policy regarding hospice, but clarifying the language in the AH manual. Update to program codes.

**Apple Health (Medicaid) Manual revision via track changes:**

Hospice change ~~ese of circumstances or~~  
death reported

Revised ~~June 16, 2011~~

For active CN or ABP ~~medicaid~~ programs, hHospice at home is a covered service so a ~~no~~ program change is not required.

~~Code the hospice provider as authorized representative type 'NO' on the AREP screen to receive copies of letters. Hospice agencies need to get a termination notice if the Medicaid is closed.~~

- ~~The hospice election should be updated on the~~On the INST institutional care screen for aged, blind, or disabled (A/B/D) medicaid programs; under Home and Community Based Services, code 'H' Hcode hospiceospice\_ on the HCB Service section with the hHospice service start date and .Indicate 'Health Care Authority (MA)' as approval source. The correct ProviderOne ID number should be used; this will send approval, change, and termination letters to the hospice provider.
- ~~Using the DSHS/Medicaid hospice notification form, FAX a response to the Hospice Agency indicating the client has CN Medical and has no participation requirement (the only time a client will have to pay toward the cost of care is when using the L22 institutional hospice rules).~~

For a client that Client is active on S95 or -and S99 (including spend-down in M status), an ACES program change may be needed if the client is requesting hospice coverage if elected in a facility for more than 30 days. -

- Add an L322 program to the existing active medical assistance unit. ~~to look at a program change~~
- Determine eligibility for the L322 hospice program following instructions under ~~previous APPLICATIONS~~the hospice applications section.
- If the client is found financially eligible for L32, Shorten the certification end date should to match the ~~original~~ certification end date of the original medical assistance unit.
- If the client is found financially eligible~~approved~~, the Approval for Hospice Services award letter generate a hospice award letter (0002-18) should generate and and ensure a copy is also sent to the hospice provider based on the institutional care screen.

See the special circumstances section for instruction on active MN Medicaid client entering a nursing facility.

## Hospice short stay

A client may elect hospice for less than 30 days

The hospice election should be updated using the short stay screen instead of the institutional screen when stays are 29 days or less.

See [short stays](#) for additional information.

## Reporting hospice revocation

Hospice revocation is reported on the Hospice Notification form 13-746 by the hospice provider.

- The hospice revocation should be updated in the month of revocation and ongoing months, if applicable.
- If the client's L32 Medicaid terminates due to no services, the client should be reconsidered for other Medicaid programs for the remainder of their certification period.
- If the hospice services were received in a nursing facility or medical institution and the client will remain in the institution after revocation, the client's eligibility should be reviewed due to the dissimilar financial eligibility factors for institutional Medicaid programs (for example, transfers would potentially apply without a hospice election). This would also apply to clients discharging home on home and community based waiver services.

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## Reporting date of death for a hospice client ~~What if the 5-day notice indicates the client is deceased?~~

Date of death is reported on the Hospice Notification form 13-746 by the hospice provider.

- If the client was a recipient of CN A/B/D medical or was receiving MN coverage because their spenddown had already been met, the FSS does not need to do a program change. Hospice services at home are covered.

~~-If the hospice services were received in a nursing facility, medical institution, or hospice care center, a short stay award letter can be provided if needed for billing. Follow instructions in the APPLICATIONS Section to respond back to the hospice agency using the DSHS/Medicaid Hospice notification. Indicate that the client was eligible for hospice as a service and to bill according to their billing instructions with zero participation.~~

- ~~•~~
- ~~• If the client is deceased and we have a pending application is on file, follow the application instructions listed on the Hospice Applications manual page above for either the L32L22 hospice program or non-institutional Medicaid CNP. It is essential that an eligibility determination is made for these clients. An eligibility determination is still required and Tthe hospice agencies must still be notified timely of the approval or denial decision.~~

~~•~~

- ~~•~~ If the client is deceased and there is no application prior to the date of death, a representative may apply on the client's behalf.

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