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

Eligibility for hospice as a service

Revised May 2, 2011
When am I Eligible for Hospice as a service?

Programs that cover hospice as a service

A **client** must be eligible for a categorically needy (CN) or medically needy (MN) program to receive hospice care. Examples include but are not limited to the following:

- CN non-institutional Medicaid in an alternative living facility (G03)
- Healthcare for Workers with Disabilities (HWD) (**S08**)
- MAGI based CN with the exception of N21 or N25
- __Home and Community Based (HCB) Waivers (**L21, L22**)
- Community First Choice (CFC) (**L51, L52**)
- Foster care Medicaid (D01, D02, **D26**)
- SSI Medicaid (S01)
- SSI related (S02, S95, S99 in active status)

**Note.** A client who has met their spenddown under MN is eligible for hospice as a service.

For clients determined eligible under the MN program, see additional instructions in ‘When am I eligible for the hospice program following institutional Medicaid rules?’ (a client who has met their spenddown under MN is eligible for Hospice as a service).

- Clients must meet the hospice diagnostic criteria plus Medicaid eligibility criteria in order to receive hospice services.
- Clients who are in a current base period and have not met their spend-down do not have to reapply to get hospice, but they do have to meet their spenddown before hospice can be approved.
- If a client is eligible for a non-institutional CN program, the hospice provider bills the Medicaid Agency the same as any other service.
- If the client is residing in a medical facility such as a nursing home or hospice care center, the case must be coded as hospice on the institutional care INST screen in ACES 3G in order to set the hospice flag on the program STAT in ACES online screen. If income is over the Special Income Limit (SIL), the case will trickle to an MN program.