



APPLE HEALTH (MEDICAID) MANUAL REVISION

Revision #	
Chapter / Section	Long-term Care, Hospice, Overview
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Summary of Revision

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

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 Overview

Revised **June 25, 2012**

Purpose: To provide an overview of the Hospice program and explain how to correctly determine eligibility for Hospice

Overview for Hospice Care

Hospice is a 24-hour intermittent program coordinated by a hospice interdisciplinary team for persons with a terminal illness and a prognosis of six months or less to live. The hospice program allows the terminally ill client to choose physical, pastoral/spiritual and psychosocial comfort, and palliative care rather than cure. Hospitalization is used only for acute symptom management.

Hospice care is initiated by the choice of the client, family, or physician. The client's physician must certify a client as appropriate for hospice care. Hospice can be ended at any time by the client or family (revocation), by the hospice agency (discharge), or by the death of the client (expired).

Hospice care may be provided in a client's home, in a medical institution including a hospice care center, nursing facility, or in an alternate living facility.

For ~~certain~~ clients who are ~~found~~ eligible for Categorically Needy (CN) ~~medical~~ coverage or who already receive CN coverage, hospice care is a service ~~which~~ that is covered by their Provider One ~~medical services~~ card. ~~When it is to the client's advantage,~~ Institutional ~~h~~Hospice rules ~~may be~~ used to provide CN coverage for these services, when it is to the advantage of clients ~~to determine eligibility.~~ The ~~program used for this is~~ L-321 program is used if the client receives an SSI cash grant, or L-22-L32 if the client is SSI-related and not otherwise eligible for CN.

Note: The N05 coverage group also provides hospice care for those who meet program requirements.

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The L-24/L31/L-22-L32 ~~h~~Hospice ~~p~~Program is not a waiver program; however, rules that are the eligibility follows the similar ~~are~~ rules as the to waiver program rules under WAC 182-515-1505 are used when countable income is under the Special Income Level (SIL). The special income level is 300% of the Federal Benefit Rate, (FBR).

General Eligibility for Hospice Programs ~~Who is eligible for Hospice?~~

WAC 182-551-1000 General eligibility for hospice-medical programs

1. Definitions relating to ~~h~~Hospice are in WAC 182-551-1010. A person ~~who~~ must meet these general eligibility requirements:
 - a. Verification of age and identity

- b. Citizenship or immigration status. Non-citizen children are eligible to receive hospice services if they are eligible under a children's medical program
- c. Residency
- d. Social Security Number
- e. Assignment of medical support rights

2. Attains institutional status ([WAC 182-513-1320](#)). Institutional status is met when the [HCA 13-746](#) hospice notification is received from the hospice agency with an election date indicated.

- [Chapter 182-551 WAC describes the Hospice program as a service](#)

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Alien Medical Program and Hospice

Clients receiving Alien Emergency Medical Program (AEMP) clients must have prior authorization for hospice services by the HCA Chief Medical Consultant/Hospice Program Manager.

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- As a general rule, hospice services may be considered for non-citizen clients who are eligible for the Alien Medical State-funded alien medical for cancer and dialysis programs or who are eligible for Alien Emergent Medical in an inpatient hospital setting.

Be sure to indicate on the referral if the request is for hospice for an AEM client on either the cancer or dialysis program in a nursing facility. The request must be submitted within 5 business days of the client's election of hospice services. Add the name and address of the nursing facility to the referral form prior to sending to the medical consultant at HCA.

Prior authorization for hospice is not required for clients enrolled in the state-funded long-term care program; however, the standard 5-day notification still applies.

Requests for prior authorization to HCA to authorize hospice coverage for AMP clients should be addressed to:

HCA Notification Unit
 P.O. Box 4553506
 Olympia, WA 98504-553506
[Telephone: 800-562-3022](tel:800-562-3022)

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FAX: ~~866-668-1214~~ ~~360-586-1471~~

~~Chapter 182-551 WAC describes the Hospice program as a service~~

Note: Refer to Alien Medical Programs (AMP) for clients not meeting citizenship requirements and needing Hospice services. Hospice Providers must get pre-approval from HCA in order to bill services under alien medical programs.

~~Persons Eligible for Medical Assistance: 182-503~~

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