

**KERN HEALTH SYSTEMS
POLICIES AND PROCEDURES**

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SECTION: Utilization Management		ORIGINAL EFFECTIVE DATE: <i>December 20, 2005</i>	
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Approved	<i>Quinn Watson RN</i> Director of Outpatient Services	Date <i>10-13-05</i>
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POLICY:

KHS shall cover and facilitate the provision of hospice care services. KHS shall fully inform members and their families of the availability of hospice care as a covered service and the methods by which they may elect to receive these services.¹

Hospice services will be provided in accordance with the statutory, regulatory, and contractual requirements outlined in the following sources:

- ❖ California Health and Safety Code² §§1368.2; and 1746³
- ❖ California Code of Regulations Title 28 § CCR 28 §1300.68.2
- ❖ California Code of Regulations Title 22 §§51180; 51180.1; and 51349
- ❖ DHS Contract Exhibit A-Attachment 5 (3)(I); Attachment 10 (7)(B) and Attachment 11 (17)(A)
- ❖ DHS MMCD All Plan Letter 05003: Hospice Services and Medi-Cal Managed Care (March 25, 2005)

Unless otherwise authorized by KHS, hospice services may only be provided by contracted hospice

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providers.

Members who elect hospice care are not entitled to any other benefits under the plan for the terminal illness while the hospice election is in effect.⁴ The hospice election may be revoked at any time.

The amount, duration, and scope of hospice services will be no less than the amount, duration, or scope of services that would be provided under the Medi-Cal fee-for-service program.⁵ Hospice care shall at a minimum be equivalent to hospice care provided by the federal Medicare program pursuant to Title XVIII of the Social Security Act.⁶

PURPOSE:

To provide guidelines for hospice services.

DEFINITIONS:

Palliative Care ⁷	Interventions that focus primarily on reduction or abatement of pain and other disease-related symptoms, rather than interventions aimed at investigation and/or intervention for the purpose of cure or prolongation of life.
Period of Crisis ⁸	A period in which the member requires continuous care to achieve palliation or management of acute medical symptoms.
Terminal Illness ⁹	An individual's medical prognosis as certified by a physician, which results in a life expectancy of one year or less, if the disease follows its natural course.

PROCEDURE:

1.0 ACCESS

Hospice care is covered for a terminal illness if the services meet all of the following conditions:

- Ordered by the member's PCP or another authorized provider
- Performed by a contracted hospice provider or another authorized provider
- Approved, in the case of general inpatient care, by KHS

The only requirement for initiation of outpatient hospice services is physician certification¹⁰ that a member has a terminal illness and member election of such services.¹¹ Only general inpatient care is subject to prior authorization if all other requirements regarding prior authorization and associated clinical guidelines have been met.¹²

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During regular business hours, providers may request verbal authorization for hospice care by calling KHS Utilization Management staff at (661) 664-5053. After regular business hours, providers may request verbal authorization for hospice care by calling the 24-Hour Telephone Triage Line at 1-800-391-2000 and asking to speak to the KHS administrator on call. KHS responds to requests for authorization for hospice services within 24 hours.¹³

Covered services are available on a 24 hour basis to the extent necessary to meet the needs of members for care that is reasonable and necessary for the palliation and management of the terminal illness and related conditions.¹⁴ Hospice services may be initiated or continued in a home or clinical setting.¹⁵

1.1 Election of Hospice

The member or member's representative must file an election statement with the hospice providing the care. The member's election shall include all of the following elements on an appropriate hospice election form¹⁶:

- A. The identification of the hospice
- B. The patient's or representative's acknowledgement that:
 - 1. He or she has full understanding that the hospice care given as it related to the individual's terminal illness will be palliative rather than curative in nature.
 - 2. Certain specified Medi-Cal benefits are waived by the election.
- C. The effective date of the election
- D. The signature of the individual or representative

The election period shall consist of two periods of 90 days each and an unlimited number of subsequent periods of 60 days each.¹⁷

1.2 Change of Hospice Provider

A member or representative may change the designation of a hospice provider once each election period.¹⁸

On occasion, members receiving hospice care at the time of enrollment with KHS may not be able to change their hospice provider, due to limitations during an election period. In such instances, KHS will consider a one time or ongoing contract with the established hospice provider until the member can be transitioned to a contracting hospice provider during a new election period.¹⁹

²⁰Members who move their legal residence out of the service area must disenroll from the associated Medi-Cal Managed Care Plan. Consequently, upon enrollment in a new plan, a "change in designated hospice" must be initiated. This may be done only once per election period.

1.3 Revocation of Hospice²¹

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A member's voluntary election may be revoked or modified at any time during an election period. To revoke the election of hospice care, the member or representative must file a signed statement with KHS and the hospice revoking the individual election for the remainder of the election period. The effective date may not be retroactive. Revocation shall constitute a waiver of the right to hospice care during the remainder of the election period.

At any time after revocation, a member may execute a new election for any remaining entitled election period.

2.0 COVERED SERVICES

Members who elect hospice care are not entitled to any other benefits under the plan for the terminal illness while the hospice election is in effect.²² The hospice election may be revoked at any time.

Upon member election of hospice services, KHS will facilitate the provision of and provide appropriate payment for covered hospice services provided by a hospice provider or by others under arrangements made by a hospice provider. Covered services include, but are not necessarily limited to, the following²³:

- A. Nursing services when provided by or under the supervision of a registered nurse.
- B. Physical, occupational, or speech-therapy for purposes of symptom control, or to enable the member to maintain activities of daily living and basic functional skills.
- C. Medical social services provided by a social worker with at least a Bachelor's degree in Social Work, from a school approved or accredited by the council on Social Work Education, under the direction of a physician.
- D. Certified home health aide and homemaker services under the supervision of a qualified registered nurse.²⁴ Services may include personal care services and such household services as may be necessary to maintain a safe and sanitary environment in the areas of the home used by the patient.
- E. Medical supplies and appliances.
- F. Drugs and biologicals when used primarily for the relief of pain and symptom control related to the member's terminal illness.
- G. Physician services which include:
 - 1. General supervisory services of the hospice medical director.
 - 2. Participation in the establishment of plans of care, supervision of care and services, periodic review and updating of plans of care, and establishment of governing policies by the physician member of the hospice interdisciplinary team.
- H. Dietary/nutrition counseling.
- I. Counseling, including bereavement, grief, and spiritual counseling.
- J. Continuous home nursing, home health aide, and/or homemaker services for as much as 24 hours a day during a period of crisis, and only as necessary to maintain the member at home.²⁵
- K. Continuous home care for a minimum of 8 hours of care (aggregate) during a 24 hour day,

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which begins and ends at midnight.²⁶

- L. Respite care provided on an intermittent, non-routine and occasional basis for up to five days at a time.
- M. Short term inpatient care for pain control or chronic symptom management which cannot be managed in the home setting.
- N. Any other item or service for which payment may otherwise be made under the Medi-Cal program.
- O. Interdisciplinary team care with development and maintenance of an appropriate plan of care.²⁷
- P. Volunteer services.²⁸

2.1 Bereavement Services

Bereavement services include an assessment of the needs of the bereaved family and the development of a care plan that meets these needs both prior to and following the death of the member. These services are available to the surviving family members for one year after the death of the member.²⁹

2.2 Home Health Aid Services

Home health aide services include personal care and the performance of related tasks in the home in accordance with the plan of care in order to increase the level of comfort and to maintain personal hygiene and a safe healthy environment. These services are performed by a certified home health aide.³⁰

2.3 Social Services and Counseling Services

Social service/counseling services are those counseling and spiritual services that assist the member and his/her family to minimize stresses and problems that arise from social, economic, psychological, or spiritual needs by utilizing appropriate community resources, and maximize positive aspects and opportunities for growth.³¹

2.4 Respite Care

Respite care is short-term inpatient care provided to a member only when necessary to relieve those caring for the member. Respite care is covered on an occasional basis for no more than 5 consecutive days at a time.³²

3.0 PLAN OF CARE³³

A plan of care must be established by the hospice for each member before services are provided. Services must be consistent with the plan of care. The plan of care must conform to the standards specified in 42 Code of Federal Regulations, Part 418, Subpart B.

4.0 COORDINATION OF CARE

KHS provides coordination of care and joint case management with hospice care providers.³⁴

Once a member has elected hospice, KHS contracted providers and case management staff work

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closely with hospice providers to facilitate the transfer of member services from those directed towards cure and/or prolongation of life to those directed towards palliation.³⁵ KHS arranges for continuity of medical care, including maintaining established patient-provider relationships, to the greatest extent possible.³⁶

Ongoing care coordination is provided and services necessary to diagnose, treat, and follow-up on conditions not related to the terminal illness are provided or initiated as necessary.³⁷ KHS is responsible for the provision of and payment for all medically necessary services not related to the terminal illness, including those of the member's primary care physician.³⁸

4.1 Hospice Services for Children Served by California Children Services (CCS) for the Terminal Condition³⁹

CCS does not offer the range of services provided through hospice for the terminally ill child. Members and their families are clearly advised of the differences between CCS and hospice services and of the potential change in caregivers, should hospice care be elected. Members with a terminal condition covered by CCS are clearly informed that election of hospice will terminate the child's eligibility for CCS services.⁴⁰ Hospice services for CCS recipients are the responsibility of KHS and all hospice policies are applicable.

4.2 Transfer of Members

Hospice providers must provide transferring members with a transfer summary including essential information relative to the member's diagnosis; pain treatment and management, medications, treatments, dietary requirement, rehabilitation potential, known allergies, and treatment plan, which must be signed by the physician.⁴¹

5.0 REIMBURSEMENT

Visits made to a member by the hospice Medical Director, hospice physician, or consultant should be billed separately.⁴²

5.1 Hospice Services Provided in a Long Term Care Facility⁴³

Hospice services are covered services and are not categorized as Long Term Care (LTC) services regardless of the member's expected or actual length of stay in a nursing facility while also receiving hospice care. Appropriate payment is provided to the hospice at a minimum of 95% of the room and board reimbursement the NF/SNF would have normally been reimbursed by Medi-Cal or KHS. The hospice shall, in turn, reimburse the nursing facility for the room and board while retaining the hospice portion. Payments by a hospice to a nursing home for room and board shall not exceed what would have been received directly from Medi-Cal or KHS if the patient had not been enrolled in hospice.

5.2 Medicare⁴⁴

Hospice providers should bill Medicare first for services provided to Medicare/Medi-Cal dual eligibles. Following payment from Medi-Care, the hospice provider should bill KHS for the co-payment amount. The total reimbursed amount must not exceed the Medicare

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rate.

6.0 PROVIDER REQUIREMENTS⁴⁵

KHS only contracts with entities licensed pursuant to the California Hospice Licensure Act of 1990⁴⁶ or licensed home health agencies with federal medicare certification⁴⁷ for the provision of hospice services. Contracted hospice providers may arrange to provide hospice services with appropriately licensed individuals or entities.

¹ DHS Contract Exhibit A - Attachment 10 (7)(B)

² Includes HSC sections as added/amended by AB892 (1999)

³ Definitions

⁴ CCR Title 22 §51349(f)

⁵ MMCD All Plan Letter 05003 III B (page 4) references 42 CFR Section 438.210(a)(2)

⁶ HSC 1368.2(b)

⁷ HSC 1339.31(b)

⁸ CCR28 §1300.68.2(d)(1)

⁹ HSC 1368.2 definition used; similar definition found in title 28 Section 1300.68.2 (a)(11). Definition found in CCR Title 22 Section 58810.2 is less strict (6 months).

¹⁰ Certification as outlined in Title 42, CFR 418 Subpart B

¹¹ MMCD All Plan Letter 05003 I (page 2)

¹² Title 22 Section 51349 (b); MMCD All Plan Letter 05003 I (page 2)

¹³ 2004 DHS Contract Exhibit A-Attachment 5(3)(I); MMCD All Plan Letter 05003 I (page 2)

¹⁴ CCR 28 §1300.68.2(c)

¹⁵ MMCD All Plan Letter 05003 III D (page 5)

¹⁶ CCR Title 22 Section 51349 (d); MMCD All Plan Letter 05003 III A (page 3)

¹⁷ MMCD All Plan Letter 05003 III A (page 3). The MMCD letter contradicts Title 22 Section 51349 (e). Per D. Chin (9/26/05) KHS was instructed to follow to MMCD letter.

¹⁸ MMCD All Plan Letter 05003 III C (page 4)

¹⁹ MMCD All Plan Letter 05003 III D (page 5)

²⁰ MMCD All Plan Letter 05003 III D (page 5) references 42 CFR Section 418.30

²¹ CCR Title 22 Section 51349 (e); MMCD All Plan Letter 05003 III C (page 4)

²² CCR Title 22 §51349(f)

²³ CCR Title 28 Section 1300.68.2 (b); CCR Title 22 Section 51349 (h); MMCD All Plan Letter 05003 III B (page 3)

²⁴ Addition of "certified" and "under the supervision of..." per Title 28 Section 1300.68.2 (b)(2)(B)

²⁵ 42 CFR Section 418.204 CCR28; §1300.68.2(d)(1)

²⁶ Per MMCD All Plan Letter 05003: Section 230.3 of the Medicare Hospice Manual and CMS Transmittal A-03-016

²⁷ CCR Title 28 Section 1300.68.2 (b)(2)(A)

²⁸ CCR Title 28 Section 1300.68.2 (b)(2)(F)

²⁹ Definition included in Member Handbook by DMHC request 04/15/02. CCR28 §1300.68.2(a)(1)

³⁰ Definition included in Member Handbook by DMHC request 04/15/02. CCR28 §1300.68.2(a)(4)

³¹ Definition added to Member Handbook by DMHC request 04/15/02. CCR28 §1300.68.2(a)(10)

³² CCR Title 28 §1300.68.2(d)(2)

³³ CCR Title 22 Section 51349 (g)

³⁴ MMDC All Plan Letter 05003 IV C (page 6)

³⁵ MMCD All Plan Letter 05003 IV (page 5)

³⁶ DHS Contract Exhibit A - Attachment 10 (7)(B)

³⁷ MMCD All Plan Letter 05003 IV (page 5) references 42 CFR Section 438.208

³⁸ MMCD All Plan Letter 05003 III D (page 5)

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³⁹ MMCD All Plan Letter 05003 IV B (page 5)

⁴⁰ DHS Contract Exhibit A - Attachment 10 (7)(B); MMCD All Plan Letter

⁴¹ MMCD All Plan Letter 05003 III D (page 5) references HSC 1262.5

⁴² MMCD All Plan Letter 05003 III B (page 3)

⁴³ DHS Contract Exhibit A – Attachment 11 (17)(A); DHS Contract Exhibit A - Attachment 10 (7)(B); MMCD All Plan Letter 05003 V A (page 6)

⁴⁴ MMCD All Plan Letter 05003 V B (page 6) references Title 22 Section 51544

⁴⁵ CCR Title 28 Section 1300.68.2 (b)(1)

⁴⁶ HSC Section 1745, et seq

⁴⁷ HSC Sections 1726 and 1747.1