



STATE OF IOWA

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DEPARTMENT OF HUMAN SERVICES
CHARLES M. PALMER, DIRECTOR

INFORMATIONAL LETTER NO. 981

DATE: January 19, 2011

TO: Iowa Medicaid Hospice and Physician Providers

FROM: Iowa Department of Human Services, Iowa Medicaid Enterprise (IME)

RE: Curative Care for Hospice Children
Affordable Care Act Section 2302

EFFECTIVE: Immediately

The standards in sections 1905(o) (1) and 2110(a) (23) of the Social Security Act stipulate that terminally ill individuals who elect hospice will receive palliative care that will anticipate, prevent and treat suffering. The option to receive curative care ceases when a hospice election is made.

Section 2302 of the Affordable Care Act (ACA) removes the prohibition of curative care for children who are diagnosed with a terminal illness and continue to be supported by hospice programs. Effective immediately, this change will allow children with terminal illnesses and their families to receive a blended package of curative and palliative services.

The implementation of this concurrent model of care will require business practice changes for both the hospice providers and the service providers who provide curative care. When the Centers for Medicare and Medicaid Services (CMS) parameters for ACA Section 2302 are issued, the process to publish Iowa Administrative Code standards shall begin. In this interim period, to ensure the highest quality of care for each child and his/her family, the hospice and the curative care providers should establish procedures that will establish a two-way system of communication and coordination. At a minimum, the following should be considered:

- Identify medical and pertinent documentation that must be exchanged for the comprehensive coordination of all services and supports that will achieve optimum outcomes for the child. Ensure that all documentation remains current and is maintained in the child's medical record.
- Identify the individual(s) within your provider organizations who shall be responsible for all communication.
- Identify the minimum frequency that communication must occur.
- Communicate all clinical complications; or significant changes in a child's physical, mental, social or emotional status to insure that the needs of the child and his/her family are addressed.

QUESTIONS

If you have any questions, please contact the IME Provider Services Unit at 1-800-338-7909 or locally (in Des Moines) at 256-4609, or e-mail at imeproviderservices@dhs.state.ia.us