
CHAPTER 24: HOSPICE

SECTION 24.2: ELECTION OF HOSPICE CARE**PAGE(S) 8**

Program of All-Inclusive Care for the Elderly

Individuals eligible for enrollment in the Program of All-Inclusive Care of the Elderly (PACE) are persons age 55 years and older and certified to need nursing facility level of care. The PACE interdisciplinary team performs an assessment and develops an individualized plan of care. PACE programs bear financial risk for all medical support services required for enrollees.

Medicaid will not reimburse a hospice provider for services rendered to recipients participating in the PACE Program. Hospice providers must contact the PACE provider for direction before rendering services to a PACE participant. PACE must prior authorize all services. Unauthorized services provided will result in non-payment for services rendered.

Recipients under Age 21 Receiving Hospice and Concurrent Care

Recipients under age 21 may continue to receive curative treatments for their terminal illness. However, the hospice provider is responsible for coordinating ALL curative treatments related to the terminal illness and related conditions.

The hospice provider is responsible for making a **daily visit** to ALL recipients under the age of 21 and to coordinate care to ensure there is no duplication of services. The daily visit is not required if the person is not in the home due to hospitalization or inpatient respite stays.

Curative is medical treatment and therapies provided with the intent to improve symptoms and cure. Its focus is on curing an underlying disease and the providing medical treatments to prolong or sustain life. Examples of curative treatments are antibiotics, chemotherapy, radiation, or a cast for a broken limb. Curative treatment does not include home health services, durable medical equipment, personal care services, extended home health or contracting with another provider for the performance of these services.

All questionable services and/or treatments will be sent for medical review. All treatments and therapies must be included in the POC. Documentation of therapies and treatment as well as progress notes are required upon each request for a continuation of hospice care and upon the initial request for hospice care if the recipient is already receiving curative treatment(s).