



TO: All Providers

RE: Reminder of Connecticut Medicaid Coverage of Hospice Benefit

This provider bulletin is to remind all providers that hospice services are a covered benefit for HUSKY Health members. The Department of Social Services (DSS) defines hospice care as compassionate end-of-life care that includes medical and supportive services intended to provide comfort to the individual who is terminally ill. Hospice care manages an individual's illness and pain but does not treat the underlying terminal illness.

The sections below highlight some of the main categories of hospice care, but please refer to Sections 17b-262-829 through 17b-262-848, inclusive, of the Regulations of Connecticut State Agencies for full detail of actual requirements (and which supersede any conflicting provisions in this bulletin). For information concerning hospice care for children, please refer to the "Concurrent Care for Children" section within this policy bulletin.

Levels of Care

As specified under Section 17b-262-838(d) (1) through (4), the following hospice services are available to HUSKY A, B, C and D members:

- Routine home care furnished to a member who is at home, in a nursing home or at an intermediate care facility for individuals with an intellectual disability and is not receiving continuous care;
- Continuous home care furnished during brief periods of crisis in order to maintain the individual at home;
- General inpatient care when pain control or acute or chronic symptom management cannot be managed in other settings -
Note: Prior authorization is required for inpatient stays lasting longer than five (5) days; and
- Respite care furnished for each day that the member is in an approved inpatient facility, in order to give the caregiver time to rest.

Note: Respite care is limited to five (5) days in a sixty (60) day period.

Covered Hospice Services

Covered services include the following:

- Nursing care;
- Physical therapy (PT), occupational therapy (OT) and speech therapy (ST);
- Medical social services;
- Home health aides, hospice aides and homemakers;
- Medical supplies, appliances and devices;
- Drugs that are primarily for the relief of pain and symptom control related to the terminal illness;
- Dietary counseling;
- Spiritual, bereavement, grief and loss counseling;
- Physician services;
- Short term inpatient care for pain control and symptom management;
- Respite care;
- Supervision of volunteers; and
- Other medically necessary services related to the terminal illness, as identified by the interdisciplinary team.

Concurrent Care for Children

When electing hospice, HUSKY A, C and D members under the age of 21 and HUSKY B members under the age of 19 may receive hospice services concurrently with treatment of the member's terminal condition. Please refer to policy transmittal PB 2010-45 for additional information.

Election of Hospice

Providers should continue to refer to Section 17b-262-836 of the Regulations of Connecticut State Agencies and provider bulletin PB 2011-78 for information concerning hospice care election guidelines.

Primary Diagnosis Coding Instructions and Hospice Notice of Election (NOE) Filing

Providers should continue to refer to provider bulletin PB 2014-80 for information regarding primary diagnosis coding instructions and hospice Notice of Election (NOE) billing.

For claim submission instructions, please refer to Chapter 8 of the Connecticut Medical Assistance Program Provider manual for Hospice. The manual is located on the Connecticut Medical Assistance Program Web site at www.ctdssmap.com. Once on the Home page, click on *Information* on the top navigation bar and then select *Publications*. Once on the *Publications* page, scroll down to Chapter 8 *Provider Specific Claims Submission Instructions* and select provider type *Hospice* from the drop down menu.