



# SENIOR & LONG TERM CARE DIVISION COMMUNITY SERVICES BUREAU Medicaid Hospice Policy Manual

**Title:** Hospice Policy 401  
**Section:** ELIGIBILITY FOR SERVICE  
**Subject:** Eligibility Requirements  
**Reference:** ARM 37.40.815, 42 CFR 418.20  
**Supersedes:** Policy 401, October 2016

---

## ELIGIBILITY REQUIREMENTS

In order to be eligible for hospice care under Montana Medicaid, a member must meet the following conditions:

1. The member is eligible for Medicaid, and
2. The member's attending physician and the hospice medical director must certify that the member is terminally ill which means the member has a medical prognosis that his or her life expectancy is six months or less if the illness runs its normal course.