



SENIOR & LONG TERM CARE DIVISION

COMMUNITY SERVICES BUREAU

Medicaid Hospice Policy Manual

Title: Hospice Policy 711
Section: HOSPICE SERVICE COORDINATION
Subject: Short Term Inpatient Care
Reference: ARM 37.40.805, 42 CFR 418.108
Supersedes: Policy 711, October 2016

SHORT-TERM INPATIENT CARE

Inpatient care must be available for pain control, symptom management, and respite purposes, and must be provided in a participating Medicaid facility.

INPATIENT CARE FOR SYMPTOM MANAGEMENT AND PAIN CONTROL

Inpatient care for pain control and symptom management must be provided in one of the following:

1. A Medicare-certified hospice that meets the conditions of participation for providing inpatient care as found in 42 CFR 418.110; or
2. A Medicare-certified hospital or a skilled nursing facility that also meet the standards as found in 42 CFR 418.110.

INPATIENT CARE FOR RESPITE PURPOSES

Inpatient care for respite purposes must be provided by one of the following:

1. A Medicaid –certified hospice that meets the conditions as found in 42 CFR 418.110; or
2. A Medicaid-certified nursing facility that also meets the standards as found in 42 CFR 418.110.

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The facility providing respite care must provide 24-hour nursing services that meet the nursing needs of all members and are furnished in accordance with each member's plan of care. Each member must receive all nursing services as prescribed and must be kept comfortable, clean, well-groomed, and protected from accident, injury, and infection.

INPATIENT CARE PROVIDED UNDER ARRANGEMENTS

If the hospice has an arrangement with a facility to provide for short-term inpatient care, the arrangement is described in a written agreement, coordinated by the hospice, and at a minimum specifies:

1. That the hospice supplies the inpatient provider a copy of the member's plan of care and specifies the inpatient services to be furnished;
2. That the inpatient provider has established member care policies consistent with those of the hospice and agrees to abide by the palliative care protocols and plan of care established by the hospice for its members;
3. That the hospice member's inpatient clinical record includes a record of all inpatient services furnished and events regarding care that occurred at the facility; that a copy of the discharge summary be provided to the hospice at the time of discharge; and that a copy of the inpatient clinical record is available to the hospice at the time of discharge;
4. That the inpatient facility has identified an individual within the facility who is responsible for the implementation of the provisions of the agreement;
5. That the hospice retains responsibility for ensuring that the training of personnel who will be providing the member's care in the inpatient facility has been provided and that a description of the training and the names of those giving the training are documented; and
6. A method for verifying that the requirements in paragraphs 1 through 5 of this section are met.

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**INPATIENT CARE
LIMITATION**

The total number of inpatient days used by Medicare beneficiaries who elected hospice coverage in a 12-month period in a particular hospice may not exceed 20 percent of the total number of hospice days consumed in total by this group of beneficiaries.

**EXEMPTION FROM
LIMITATION**

Before October 1, 1986, any hospice that began operation before January 1, 1975, is not subject to the inpatient care limitation.