



SENIOR & LONG TERM CARE DIVISION

COMMUNITY SERVICES BUREAU

Medicaid Hospice Policy Manual

Title: Hospice Policy 501
Section: ELIGIBLE SERVICES
Subject: Covered Services
Reference: ARM 37.40.806, 42 CFR 418.202
Supersedes: Policy 501, October 2016

COVERED SERVICES

All services must be performed by appropriately qualified personnel, but it is the nature of the service, rather than the qualification of the person who provides it, that determines the coverage category of the service. The following services are covered hospice services:

1. Nursing care provided by or under the supervision of a registered nurse.
2. Medical social services provided by a social worker under the direction of a physician.
3. Physicians' services performed by a physician as defined in Hospice Policy 414 and Policy 701 of this manual except that the services of the hospice medical director or the physician member of the interdisciplinary group must be performed by a doctor of medicine or osteopathy.
4. Counseling services provided to the terminally ill member and the family members or other persons caring for the member at home. Counseling, including dietary counseling, may be provided both for the purpose of training the member's family or other caregiver to provide care, and for the purpose of helping the member and those caring for him or her to adjust to the member's approaching death.
5. Short-term individual care provided in a participating hospice individual unit, or a participating hospital or SNF. Services provided in an individual setting must conform to the written plan of care. Individual care may be required for procedures necessary for pain control or acute or chronic symptom management. Individual care may also be furnished as a means of providing respite for the member's family or other persons caring for the member at home. Respite care

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must be furnished as specified in Hospice policy 711. Payment for individual care will be made at the rate appropriate to the level of care. Please refer to the Hospice fee schedule which can be accessed at <http://www.medicaidprovider.mt.gov>.

6. Medical appliances and supplies, including drugs and biologicals. Only drugs which are used primarily for the relief of pain and symptom control related to the member's terminal illness are covered. Appliances may include covered durable medical equipment as well as other self-help and personal comfort items related to the palliation or management of the member's terminal illness. Equipment is provided by the hospice for use in the member's home while he or she is under hospice care. Medical supplies include those that are part of the written plan of care and that are for palliation and management of the terminal or related conditions.
7. Home health or hospice aide services furnished by qualified aides and homemaker services. Home health aides (also known as hospice aides) may provide personal care services. Aides may perform household services to maintain a safe and sanitary environment in areas of the home used by the member, such as changing bed linens or light cleaning and laundering essential to the comfort and cleanliness of the member.

Aide services must be provided under the general supervision of a registered nurse. Homemaker services may include assistance in maintenance of a safe and healthy environment and services to enable the member to carry out the treatment plan.
8. Physical therapy, occupational therapy and speech-language pathology services provided for purposes of symptom control or to enable the member to maintain activities of daily living and basic functional skills.
9. Any other service that is specified in the member's plan of care as reasonable and necessary for the palliation and management of the member's terminal

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illness and related conditions and for which payment may otherwise be made under Medicare.