

MEDICAID SERVICES MANUAL
TRANSMITTAL LETTER

<Date>

TO: CUSTODIANS OF MEDICAID SERVICES MANUAL

FROM: MARTA JENSEN, ACTING ADMINISTRATOR

SUBJECT: MEDICAID SERVICES MANUAL CHANGES
CHAPTER 3200- HOSPICE

BACKGROUND AND EXPLANATION

Revisions to Medicaid Services Manual (MSM) Chapter 3200 were made to coincide with the Code of Federal Regulations (CFR) Title 42 part 418, Conditions of Participation (COP) updates, and to coincide with the Medicare Guidelines Criteria for Non-Cancer Terminal Illnesses. The chapter was also updated to clarify the criteria for pediatric hospice recipients.

Throughout the chapter, grammar, punctuation, and capitalization changes were made, duplications removed, acronyms used and standardized, and language reworded for clarity. Renumbering and re-arranging of sections was necessary.

These changes are effective <Effective Date>.

MATERIAL TRANSMITTED

MTL 40/03, 07/06, 41/10
Chapter 3200- HOSPICE

MATERIAL SUPERSEDED

MTL 41/10, 29/11, 02/14
<Chapter Title>

Manual Section	Section Title	Background and Explanation of Policy Changes, Clarifications and Updates
3203.1	Hospice Services	Defined hospice and hospice care. Clarified concurrent care and pediatric hospice recipient care. Removed the third paragraph to eliminate duplication. Moved 3203.1.4 (Level of Care) to 3203.1 for better flow. Removed 3203.1e for better flow.
3203.1A	Coverage and Limitations	Removed first sentence as it was repetitive. Added language to clarify the Hospice Election Statement. Updated definition of terminal illness to align with CFR. Further defined bereavement counseling. Added disclaimer about prior authorizations needed for pain medications and antineoplastics effective

Manual Section	Section Title	Background and Explanation of Policy Changes, Clarifications and Updates
		December 1, 2015. Reorganized the COP for better flow.
3203.1B	Provider Responsibility	Clarified that the hospice provider is responsible for the coordination of services. Standardized names of forms. Clarified the requirements for certification of a terminal illness. Explained the expectations for the pediatric hospice recipient. Incorporated 3203.6 for better flow. The Medicare Non-Cancer Terminal Illness Criteria was added for clarification and accountability. Added statements to clarify "Adult failure to thrive" and "debility" diagnoses. Removed 3203.1B2-9 for better flow. Added a statement reflecting when a recipient is no longer considered to be terminally ill, returning to traditional Medicaid benefits.
3203.3 B	Changing the designated hospice	Standardized the name of the form to "hospice action form"
3203.4	Revoking the election of hospice care	Standardized the name of the form to "hospice action form".
3203.5	Discharge of a recipient from hospice	Standardized the name of the form to "hospice action form". Added criteria to align with CFR.
3203.6	Hospice recipients residing in a nursing facility	Removed and relocated to 3203.1B, provider responsibility, for better flow.
3203.9	Clinical Records	Moved to Hospice Care Services, 3203.1A
3203.10	DHCFP Review	Added "Independent Physician Review for Extended Care"