

Title 23: Division of Medicaid

Part 205: Hospice Services

Chapter 1: Program Overview

Rule 1.1: General

- A. For purposes of this rule a hospice shall be defined as a public agency or private organization or a subdivision of either that is primarily engaged in providing care to terminally ill individuals.
- B. Treatment shall be palliative or management of a terminal illness, except for children under age twenty-one (21). Medicaid defines palliative as the relief of severe pain or other physical symptoms and supportive care to meet the special needs arising out of physical, psychological, spiritual, social, and economic stresses which are experienced during the final stages of illness and during dying and bereavement.
- C. Terminal illness is defined as an illness with a medical prognosis of life expectancy of six (6) months or less.
- D. Persons enrolled in Home and Community-Based Services (HCBS) waivers who elect to receive hospice care may not receive HCBS waiver services which are duplicative of any services rendered through hospice. Persons may receive non-duplicative HCBS waiver services in coordination with hospice services.

Source: 41 USC § 1395x(dd); PPACA, Pub. L. No. 111-148, § 2302, 124 Stat. 119 (2010); Miss. Code Ann. §§ 41-85-1 et seq., 43-13-121.

History: Revised Miss. Admin. Code Part 205, Rule 1.1.D. eff. 06/01/2016.

Rule 1.4: Election, Enrollment, and Revocation

- A. The Division of Medicaid shall reimburse the hospice provider when the beneficiary/legal representative elects to receive the palliative care of the hospice services rather than active treatment of the terminal condition.
- B. Eligibility to elect hospice care under Medicaid requires:
 - 1. Certification of the beneficiary as being terminally ill with a life expectancy of six (6) months or less,
 - 2. Documentation of a diagnosis consistent with a terminal stage of six (6) months or less, and
 - 3. Completion of an Election Package.

- C. The hospice benefit is divided into distinct periods, which stand alone and once used is no longer available. The maximum number of days in each election period is as follows:
1. 1st – ninety (90) days,
 2. 2nd – ninety (90) days, and
 3. 3rd – sixty (60) days - unlimited increments.
- D. The election to receive hospice care is considered continuous for each election period as long as the beneficiary remains under the care of the hospice program, does not revoke the election, and continues to meet Medicaid eligibility requirements.
- E. Election of Hospice option causes the beneficiary to forfeit all other Medicaid program benefits provided for in the State Plan or through Home and Community-Based Services (HCBS) waivers that may also be available under the hospice benefit related to treatment of the beneficiary's terminal illness, except for children under the age of twenty-one (21).
- F. Change in hospice designations can be made once per election period and is not considered a revocation of the election.
- G. Election of hospice care can be revoked at any time by the beneficiary/legal representative. Disenrollment from hospice is required for, but not limited to, the following:
1. Death,
 2. Hospitalization unrelated to terminal illness,
 3. Beneficiary is seeking treatment other than palliative in nature, or
 4. Beneficiary no longer meets program requirements.
- H. The Division of Medicaid will not reimburse for the date of discharge, transfer or the date of death.

Source: Miss. Code Ann. § 43-13-121.

History: Revised Miss. Admin. Code Part 205, Rule 1.4.E. eff. 06/01/2016.