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To: All Providers**Subject: Hospice, Home and Community-Based Services, and Medicaid Home Health Services**

The purpose of this document is to clarify when home health, hospice, and home and community-based services (HCBS), delivered via either the Medicaid Waiver program, BDDS State Line Services, or the CHOICE program, can be utilized in the delivery of services to our mutual clients.

Additionally, this document announces the policy change, effective September 1, 2009, to allow individuals who have elected the hospice benefit to also apply for and possibly receive HCBS. Therefore, a client electing the hospice benefits can request home and community-based services which may supplement the hospice services without duplication.

Note:

- Reminder: home and community-based services are the funding of last resort.
- The terms client, participant, individual, and consumer are used interchangeably within the Office of Medicaid Policy and Planning and the Divisions. Each term refers to the person actually receiving hospice, Medicaid State Plan, CHOICE, state funded, and/or waiver services.

Listed below are examples that will identify what is allowed through each funding source.

1. Clients currently receiving HCBS may also elect hospice services.Example #1

A client receiving home and community-based services may elect the Medicare or Medicaid hospice benefit as deemed eligible. The HCBS case manager may request additional home and community-based services as long as those home and community-based services are not duplicative of hospice services. Within the Division of Disability and Rehabilitative Services, additional home and community-based services may only be requested when reflected within the client/participant's individualized support plan and at the agreement of the participant's support team. The hospice provider must provide all required services to meet the needs of the client in relation to the terminal diagnosis.

2. A client receiving hospice may supplement services by adding HCBS, effective September 1, 2009.Example #2

A client who is currently receiving the Medicare or Medicaid hospice benefit may supplement services by applying for HCBS through the appropriate Division as long as those HCBS are not duplicative of hospice services and are available through the applicable source. Although no waiting list exists for the Aged and Disabled Medicaid waiver within the Division of Aging, within the Division of Disability

and Rehabilitative Services, the otherwise eligible client/applicant may be placed on a waiting list for Indiana Medicaid HCBS waiver services unless specific priority criteria is met, enabling the participant to enter into waiver services at the time of application. The hospice provider must provide all required services to meet the needs of the client in relation to the terminal diagnosis.

3. A client who is eligible to receive Medicaid state plan services may elect hospice benefits.

Example #3

A client who is currently receiving Medicaid state plan services may elect Medicare or Medicaid hospice benefits for his/her terminal illness. The client may receive unduplicated services through both programs.

4. A client who is currently receiving hospice benefits may elect to discontinue those hospice benefits and seek alternate means of meeting his/her health care needs.

Example #4

A client who is currently receiving Medicare or Medicaid hospice benefits may withdraw from the hospice program at any time. The client may choose to seek alternate means of meeting his/her health care needs at any time.

It is very important that each client's medical condition is thoroughly reviewed and all viable options are discussed with the client so that an informed choice can be made. It is our hope that the above information is helpful as you discuss options with your clients.

Please feel free to contact the Division of Aging with any question or concerns:

- Jade Luchauer at (317) 234-1913 – CHOICE program
- Michelle Stein-Ordonez at (317) 233-1956 – home health and hospice
- Susan Waschevski at (317) 232-7148 – nursing facility level of care waivers

Please feel free to contact the Division of Disability and Rehabilitative Services with any questions or concerns:

- Juman Bruce at (317) 232-7820 – BDDS State Line Services
- Lynn Jump at (317) 234-2764 – MR/DD level of care waivers

Thank you for your continued hard work and dedication to the delivery of services to those in need.

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