



**STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
Limitations of Amount, Duration and Scope of Services  
Provided to the Categorically Needy**

18 Hospice Services

Hospice Services are provided to eligible persons who are terminally ill, regardless of whether they reside in the community or an institution. In addition to satisfying medical and financial criteria, an applicant shall have signed an Election of Hospice Benefits Statement.

Medical criteria which the individual must meet include a diagnosis of a terminal illness, a medical prognosis of a life expectancy of six months or less, as certified or recertified in writing by a licensed physician (M.D. or D.O.).

Participation in hospice is strictly voluntary, and may be revoked. If the individual, after revoking hospice care, desires to do so, he or she may resume care through hospice in a subsequent benefit period.

Hospice benefit periods are limited to those periods specified in Medicare (Title XVIII) law and regulation.

Services covered by hospice include nursing care, physical therapy, occupational therapy, speech-language pathology services, medical social services, homemaker/home health aide services, durable medical equipment and supplies, drugs and biologicals, counseling services, and supervisory physician services and inpatient respite care. Services unrelated to the terminal illness are coordinated by the hospice agency or the physician, in accordance with the plan of care.

Room and board services are provided in a nursing facility (NF) for terminally ill Medicaid recipients who are eligible for and elect to receive hospice care. The applicant must be residing in a Medicaid-approved nursing facility. Hospice provides either routine or continuous home care hospice services to a Medicaid patient in a nursing facility, while room and board services are provided by the nursing facility. Room and board is not billed by the nursing facility, but by the hospice. The hospice bills Medicaid at a rate that is 95 percent of the nursing facility per diem, for the costs incurred for room and board. When the hospice is reimbursed by Medicaid, the hospice in turn passes the amount on to the nursing facility.

Room and board services provided in a NF in conjunction with hospice services are not available if the NF has been designated as providing special programs. Special programs are those programs designed to serve individuals with psychiatric or developmental disability-related diagnoses.

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Therapeutic Leave Days: Hospice services are available for up to twenty-four days in a calendar year to enable recipients to make home visits.

Bed Hold Days: Hospice services are available for patients being admitted to an acute care hospital from a NF for up to ten days per occurrence.

Recipients, other than a Medicaid or CHIP eligible child, who elect hospice care waive all rights to Medicaid reimbursement made on their behalf for the duration of the election for any services covered under the Medicaid State Plan that are related to the treatment of the terminal condition for which hospice care was elected, or a related condition. Section 2302 of the Affordable Care Act amended sections 1905(o)(1) and 2110(a)(23) of the Social Security Act to remove the prohibition on receiving curative treatment upon the election of the hospice benefit by or on behalf of a Medicaid or CHIP eligible child.

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