# Implementation Guide: Medicaid State Plan Eligibility Individuals Receiving Hospice

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Individuals Receiving Hospice

## **POLICY CITATION**

**Statute:** 1902(a)(10)(A)(ii)(VII), 1905(o)

## BACKGROUND

## **Overview**

This reviewable unit (RU) describes the optional Medicaid eligibility group for hospice recipients. It provides the criteria under which individuals may be covered under this group and the income and resource standards used.

Section 1905(o) of the Social Security Act (the Act) gives states the option to provide hospice care to terminally ill Medicaid beneficiaries. A Medicaid beneficiary must elect the hospice benefit by filing an election statement with a particular hospice. Adult hospice recipients must acknowledge that they understand that other Medicaid services for the cure or treatment of the terminal condition are waived while the hospice election is in place.

To receive hospice services, an individual does not need to be eligible for the Individuals Receiving Hospice eligibility group. An individual enrolled in the SSI Beneficiaries eligibility group, for example, may also elect to receive the hospice benefit. The Individuals Receiving Hospice eligibility group gives states the option to extend Medicaid coverage to additional hospice recipients who generally would not otherwise be eligible for Medicaid.

## **Characteristics**

The Individuals Receiving Hospice group is an optional eligibility group established by section 1902(a)(10)(A)(ii)(VII) of the Act. This eligibility group covers individuals who:

- Would be eligible for Medicaid if they were in an institution;
- Are terminally ill; and
- Will receive hospice care pursuant to a voluntary election.

## Institutional Eligibility

The Individuals Receiving Hospice group does not have income and resource requirements of its own. Instead, financial eligibility is derived from other eligibility groups (referred to here as the "principal" groups), which are identified in this RU. Some of these principal eligibility groups are specific to individuals living in an institution, such as the Individuals in Institutions Eligible under a Special Income Level eligibility group (the special income level group), and others cover individuals living in the community. In either case, eligibility for the Individuals Receiving Hospice group is determined using the hypothetical assumption that the individual is in an institution.

This is important because of the deeming rules that generally apply to institutionalized individuals. As required by section 1902(a)(17) of the Act and described at 42 C.F.R. §435.602,

when spouses live together in the community, the income and resources of one spouse are generally counted when determining the eligibility of the other spouse, even if the first spouse is not applying for eligibility. Similarly, when children live with their parents, the income and resources of the parents are counted when determining the financial eligibility of the child. This is called "deeming." Conversely, under standard cash assistance-based methodologies, where an applicant is living alone, the income and resources of other individuals are not deemed available to the applicant, even where the income and resources of such other individuals would be deemed available to the applicant if they were living together. Generally, an individual in an institution is considered to be living alone, which means that the income and resources of other individuals are not included in determining eligibility for an institutionalized individual.

For the Individuals Receiving Hospice group, under which eligibility may be granted where an individual *would be eligible* if institutionalized, this means that an applicant's financial eligibility is evaluated without regard to the income or resources of a spouse or parent who may actually be living with the applicant, because the income and resources of these individuals would not be deemed to the applicant if the applicant was in an institution. For example, a state that elects to serve the Individuals Receiving Hospice group, and makes the special income level group a principal group, would determine eligibility for a hospice recipient by comparing only the applicant's income to the state's income standard for the special income level group (which in most cases will be 300% of the SSI federal benefit rate (FBR)), even if the spouse or parent(s) of the applicant is living with the applicant.

## **Individuals Covered**

When covering the Individuals Receiving Hospice eligibility group, states may choose to extend eligibility to all individuals who meet the characteristics of this group, as described in section 1902(a)(10)(A)(ii)(VII) of the Act, or a state may limit eligibility to specific populations of individuals.

Section 1902(a)(10)(A)(ii) of the Act describes most optional Medicaid eligibility groups, including the Individuals Receiving Hospice group; and section 1905(a) of the Act describes the specific populations that may be covered in an eligibility group. Together, sections 1902(a)(10)(A)(ii) and 1905(a) of the Act allow states to target an optional eligibility group to specific populations.

States may elect to cover, for example, individuals who are age 65 or older, as described at section 1905(a)(iii) and individuals under age 21, as described at 1905(a)(i). If a state chooses individuals under age 21 (or under age 20, 19 or 18) as a population for coverage under this group, the state may choose to cover all individuals under the specified age who meet the eligibility requirements of this optional group, or the state may choose to cover one or more reasonable classifications of such individuals.

#### **Financial Methodologies**

As noted above, the Individuals Receiving Hospice group does not have its own income or resource standards or methodologies. Instead, to determine eligibility for the Individuals Receiving Hospice group, a state uses the standards and methodologies for the principal group or groups the state elects to align with the Individuals Receiving Hospice group. This includes the

application of any income or resource disregards applied to the principal eligibility group under section 1902(r)(2) authority.

## **INSTRUCTIONS**

## A. <u>Characteristics</u>

- At A.1., select one or more options (A.1.a. through A.1.e) to identify the eligibility groups for which individuals qualifying under this eligibility group would be eligible if in a medical institution.
  - If **A.1.e.**, *Other eligibility group(s)* is selected, enter a description of the other eligibility group(s) in the text box provided.
- There are two statements (A.2. and A.3.) describing additional characteristics of this eligibility group.

## B. Individuals Covered

At **B.1.**, select *Yes* or *No* to indicate if the state covers all individuals who meet the characteristics in section **A**.

- If *No* is selected at **B.1.**, at **B.2.**, select one or more of the eight options to describe the individuals who are covered in this eligibility group.
  - If **B.2.f.** *All individuals under age 21, or a lower age* is selected, choose one of the four options to indicate the age of the children covered.
  - If B.2.g. *Reasonable classifications of children* is selected, enter reasonable classifications by selecting the *Add Classifications* button. See the Reasonable Classifications of Children Under Age 21, 20, 19 or 18 implementation guide for the instructions on how to complete the screen.
    - Once this screen has been saved, select the *Edit Classifications* button to add or remove a classification.
    - Once the reasonable classifications are finalized, continue to the next section.
  - If **B.2.h.** *Other individuals* is selected, provide additional information as follows:
    - Enter the name of the population in the text box provided. *Screen Validation: The name must be unique.*
    - Enter a description of the population in the text box provided.
    - To add additional populations, select the *Add Population* link and repeat the above steps.
    - To delete a general income disregard, click the *Delete* link below the disregard's name and description.

#### C. <u>Financial Methodologies</u>

There is a statement regarding the income and resource methodologies used to determine eligibility for this group.

#### D. Income and Resource Standards

There is a statement regarding the income and resource standards used for this group.

#### E. Medical Assistance Provided

There is a statement that benefits for this eligibility group are described in the benefits section of the state plan.

## F. Additional Information (Optional)

Except in limited circumstances, this field remains blank. Please consult with CMS before adding any additional information concerning this RU.

## **REVIEW CRITERIA**

The description of other eligibility groups at A.1.e. must be sufficiently clear, detailed and complete to permit the reviewer to determine that the state's description meets applicable federal statutory, regulatory and policy requirements.