

Rule No. 560-X-51-.03 Provider Eligibility and Certification of Terminal Illness Requirements

(1) A provider of hospice services shall meet the definition of hospice in Rule No. 560-X-51-.02(1).

(2) The provider shall participate in Title XVIII (Medicare) and shall be certified under Medicare standards.

(3) Within two days after hospice care is initiated, the provider shall obtain terminally ill certification statements on all recipients and shall maintain them for the duration of hospice care. If the hospice does not obtain a written certification as described, verbal certification may be obtained, but written certification must be obtained no later than 30 days after care is initiated. For each subsequent period, the hospice ~~may must submit-obtain~~ written certification as early as 15 days before the subsequent period begins, but in no event may the written certification be submitted later than ~~within~~ two calendar days ~~of after~~ the beginning of a subsequent~~the~~ period. **The hospice must not recertify an individual who reaches a point of stability and is no longer considered terminally ill. The individual must return to traditional Medicaid benefits.**

(4) All services shall be provided under a written plan of care established and maintained for each individual admitted to a hospice program, and the care provided shall be in accordance with the plan.

(5) In addition to the completion of a provider enrollment agreement, a hospice must also submit the following information to the Alabama Medicaid Agency or its designee:

(a) A letter from the State licensing unit showing the permit number and effective date of permit.

(b) A document from the licensing unit showing that the hospice meets requirements for the Medicare program.

(c) A signed document indicating that the hospice is in compliance with Title VI of the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1973, and the Age Discrimination Act of 1975.

(d) A copy of the written notification to the hospice from the Medicare fiscal intermediary showing the approved reimbursement rate, the fiscal year end, and the Medicare provider number.

(6) The hospice provider must verify the recipient's Medicaid eligibility.

(7) The hospice must complete and submit to Medicaid required hospice election and physician certification documentation for Medicaid coverage of hospice care. (See Chapter 18 of the Medicaid Provider Manual Section 18.3. Medicaid Approval of Hospice Care). This information shall be kept on file and shall be made available to the Alabama Medicaid Agency for auditing purposes.

(8) The Alabama Medicaid Agency will initiate recoupment of payment for services when it determines that state and federal, medical necessity, and eligibility requirements are not met.

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Statutory Authority: Title XIX, Social Security Act; 42 CFR Section 418.20 and Section 418.22; OBRA '90; State Medicaid Manual; and State Plan Attachment 3.1-A, page 7.18.

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