

TO: Hospice Agencies

SUBJECT: Determination of Medical Requirements for Medicaid Hospice Recipients

PURPOSE: To simplify and accelerate the determination of Medicaid eligibility for hospice services for persons that the Division of Medical Assistance and Health Services (DMAHS) assumes responsibility for the disability determination. Individuals who are over 65 years of age, or receiving Medicare, or receiving Social Security Disability Insurance Benefits under Title II or Supplemental Security Income (SSI) under Title XVI, or who are receiving AFDC are not required to be evaluated by the Medicaid Disability Review Section.

The following process also ensures that a Medicaid recipient of hospice services continues to meet the Medicaid categorical eligibility requirements and medical criteria to receive hospice services after the first six months of receiving hospice services.

BACKGROUND: In order to receive hospice services through Medicaid, an disability determinations (for categorical eligibility) have been modified.

For the first six months of Medicaid eligibility, only for those recipients receiving hospice services, the DMAHS Disability Review Section will accept the designation of disability for individuals normally under their jurisdiction based solely on a physician's certification of terminal illness.

If it appears that such a recipient will require and elects to continue to receive hospice services after the initial six month period, medical documentation to validate the disability status based on terminal illness will be required as part of the medical recertification.

During the fourth month of hospice services, the Disability Review Section will verify the status, i.e., active or terminated, of the cases determined Medicaid eligible and contact the hospice agency to identify those individuals who will require additional medical documentation as part of the recertification process that is required by the Social Security Administration (SSA). Documentation must include the following:

1. A statement from the attending physician of the diagnosis(es), prognosis, and the stage of illness; and
2. Copies of laboratory test results, biopsy and/or pathology reports, Magnetic Resonance Imaging (MRI), and Computerized Axial Tomography (CAT) results, and any other objective medical documentation which supports the diagnosis(es).

When it appears that hospice services will be continued beyond the initial six-month certification period, the hospice agencies should collect the medical data and submit it to the address listed below with a copy of the Physician Certification/Recertification for Hospice Benefit Form (FD-385). To ensure continuity of eligibility and the payment of services, this should be done as soon as possible, but no later than the last month of certification. Completed documentation should be sent to:

Division of Medical Assistance and Health Services
Office of Eligibility Policy and Operations
Disability Review Section
Mail Code #32
CN-712
Trenton, New Jersey 08625-0712

For questions or additional information about this Newsletter, please contact Ronald Klein, Office of Eligibility Policy and Operations, Disability Review Section, Mail Code #32, CN-712, Trenton, New Jersey 08625-0712 or telephone at 609-588-2934.

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