

# ARKANSAS REGISTER

## Transmittal Sheet



Mark Martin  
Secretary of State  
State Capitol Room 026  
Little Rock, Arkansas 72201-1094  
(501) 682-3527

For Office

Use Only: Effective Date \_\_\_\_\_ Code Number 016.06.12-034

Name of Agency Department of Human Services

Department Division of Medical Services

Contact Brett Hays E-mail brett.hays@arkansas.gov Phone 682-8859

Statutory Authority for Promulgating Rule \_\_\_\_\_

Rule Title: Hospice 2-11 & Arkansas State Plan Amendment #2012-004

Intended Effective Date

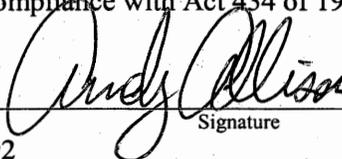
Date

- |  |                                      |                             |
|--|--------------------------------------|-----------------------------|
| <input type="checkbox"/> Emergency                               | Legal Notice Published.....          | <u>09/14/12 - 09/16/12.</u> |
| <input type="checkbox"/> 30 Days After Filing                    | Final Date for Public Comment.....   | <u>10/13/12</u>             |
| <input checked="" type="checkbox"/> Other <u>January 1, 2013</u> | Reviewed by Legislative Council..... | _____                       |
|  | Adopted by State Agency.....         | <u>01/01/13</u>             |

Electronic Copy of Rule Provided (per Act 1478 of 2003)

Electronic Copy of Rule to be e-mailed from: Becky Murphy becky.Murphy@arkansas.gov  
Contact Person Email Address

**CERTIFICATION OF AUTHORIZED OFFICER**  
I Hereby Certify That The Attached Rules Were Adopted  
In Compliance with Act 434 of 1967 As Amended

  
Signature

(501) 682-8292  
Phone Number

andy.allison@arkansas.gov  
E-mail Address

Director

Title

September 17, 2012  
Date

Date

**FILED**

**DEC 13 2012**

**Arkansas  
Secretary of State**

**FINANCIAL IMPACT STATEMENT**

**PLEASE ANSWER ALL QUESTIONS COMPLETELY**

**DEPARTMENT** Department of Human Services

**DIVISION** Division of Medical Services

**PERSON COMPLETING THIS STATEMENT** Tom Show

**TELEPHONE NO.** 683-2483 **FAX NO.** 682-2480 **EMAIL:** tom.show@arkansas.gov

To comply with Act 1104 of 1995, please complete the following Financial Impact Statement and file two copies with the questionnaire and proposed rules.

**SHORT TITLE OF THIS RULE** – Hospice-2-11 and Arkansas State Plan Amendment #2012-004

1. Does this proposed, amended, or repealed rule have a financial impact?  
Yes X No     

2. Does this proposed, amended, or repealed rule affect small businesses?  
Yes X No     

If yes, please attach a copy of the economic impact statement required to be filed with the Arkansas Economic Development Commission under Arkansas Code § 25-15-301 et seq.

3. If you believe that the development of a financial impact statement is so speculative as to be cost prohibited, please explain.

4. If the purpose of this rule is to implement a federal rule or regulation, please give the incremental cost for implementing the rule. Please indicate if the cost provided is the cost of the program.

**Current Fiscal Year**

**Next Fiscal Year**

General Revenue \$57,148  
Federal Funds \$134,432  
Cash Funds                       
Special Revenue                       
Other (Identify)                       
  
Total \$191,580

General Revenue \$117,173  
Federal Funds \$277,482  
Cash Funds                       
Special Revenue                       
Other (Identify)                       
  
Total \$394,655

5. What is the total estimated cost by fiscal year to any party subject to the proposed, amended, or repealed rule? Identify the party subject to the proposed rule and explain how they are affected.

**Current Fiscal Year**

**Next Fiscal Year**

6. What is the total estimated cost by fiscal year to the agency to implement this rule? Is this the cost of the program or grant? Please explain.

**Current Fiscal Year**

**Next Fiscal Year**

**FILED**

DEC 18 2012

Arkansas  
Secretary of State



Division of Medical Services
Program Development & Quality Assurance

P.O. Box 1437, Slot S-295 · Little Rock, AR 72203-1437
501-682-8368 · Fax: 501-682-2480



TO: Arkansas Medicaid Health Care Providers – Hospice
DATE: January 1, 2013
SUBJECT: Provider Manual Update Transmittal HOSPICE-2-11

Table with columns: REMOVE Section, REMOVE Date, INSERT Section, INSERT Date. Rows include 210.100 (10-13-03), 214.000 (11-1-06), 210.100 (1-1-13), and 214.000 (1-1-13).

Explanation of Updates

Sections 210.100 and 214.000 are updated to comply with a CMS mandate that individuals under the age of 21 may receive treatment for a terminal illness in addition to hospice services. Section 214.000 is also updated to clarify language.

The paper version of this update transmittal includes revised pages that may be filed in your provider manual. See Section I for instructions on updating the paper version of the manual. For electronic versions, these changes have already been incorporated.

If you have questions regarding this transmittal, please contact the HP Enterprise Services Provider Assistance Center at 1-800-457-4454 (Toll-Free) within Arkansas or locally and Out-of-State at (501) 376-2211.

If you need this material in an alternative format, such as large print, please contact our Americans with Disabilities Act Coordinator at 501-682-6453 (Local); 1-800-482-5850, extension 2-6453 (Toll-Free) or to obtain access to these numbers through voice relay, 1-800-877-8973 (TTY Hearing Impaired).

Arkansas Medicaid provider manuals (including update transmittals), official notices, notices of rule making and remittance advice (RA) messages are available for downloading from the Arkansas Medicaid website: www.medicaid.state.ar.us.

Thank you for your participation in the Arkansas Medicaid Program.

Handwritten signature of Andrew Allison, PhD, Director

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TOC not required

210.100 Program Purpose

1-1-13

Hospice is a continuum of care, directed by professionals, designed to optimize the comfort and functionality of terminally ill patients for whom curative medicine has exhausted its possibilities. Hospice emphasizes relief from distress for the patient without actively shortening or prolonging life. Relief from distress includes palliation of physical, psychological and psychosocial symptoms of distress and a regular regime for alleviation of physical pain. All efforts are directed to the enrichment of living during the final days of life and to the provision of ongoing opportunities for the patient to be involved in life.

Hospice services are defined as reasonable and medically necessary services, palliative and supportive in nature, provided to the terminally ill for the management of the terminal illness and related conditions.

Individuals under the age of 21 may receive treatment for a terminal illness in addition to hospice services.

214.000 Election

1-1-13

- A. A patient electing hospice care must file an election statement with the designated hospice.
  1. The provider must furnish a printed statement that meets all the conditions of this section.
  2. The patient must sign and date the election statement.
- B. An election to receive hospice care continues through the initial election period and through any subsequent election periods without a break in care as long as the patient remains in the care of the hospice.
- C. A patient must designate an effective date for the election period.
  1. The effective date may be the first day of hospice care or any subsequent day of hospice care.
  2. A patient may not designate an effective date that is earlier than the date on which the election is made.
- D. A patient must waive all rights to Medicaid coverage of the following services for the duration of the election of hospice care:
  1. Hospice care provided by a hospice other than the hospice designated by the patient, unless provided under arrangements made by the designated hospice
  2. Any Medicaid services that are related to treatment of the terminal condition for which hospice care was elected or of a related condition; or that are equivalent to hospice care except for:
    - a. Services provided (either directly or under arrangement) by the designated hospice
    - b. Services provided as room and board by a nursing facility or ICF/MR if the individual is a resident
    - c. Services provided by the patient's attending physician if that physician is not an employee of the designated hospice or receiving compensation from the hospice for those services
    - d. Treatment of the terminal illness for Medicaid eligible individuals under the age of 21
  3. Home Health Program services and drugs and biologicals obtained through the Arkansas Medicaid Pharmacy Program for the palliation and management of symptoms related to the patient's terminal illness

- E.** Individuals under the age of 21 electing hospice and receiving treatment for a terminal illness must meet all program criteria and guidelines established for both hospice and the treatment of the terminal illness.
- F.** When an election period ends, the patient's waiver of other Medicaid benefits expires and regular Medicaid coverage is possible if the patient revokes hospice care for the subsequent election period.
- G.** An individual eligible for both Medicare and Medicaid must elect the hospice benefit simultaneously under both programs.
- H.** When a hospice discharges a patient because the patient's condition is no longer considered terminal, the patient's waiver of other Medicaid benefits expires immediately and regular Medicaid coverage is possible.

**AMOUNT, DURATION AND SCOPE OF MEDICAL  
AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY**

15. Services in an intermediate care facility for the mentally retarded, as defined in Section 1905(d), (other than in an institution for mental diseases) for individuals who are determined, in accordance with Section 1902(a)(31)(A), to be in need of such care.

- Provided:  No limitations  With limitations\*  
 Not provided. PA\*

16. Inpatient psychiatric facility services for individuals under 22 years of age.

- Provided:  No limitations  With limitations\*  
 Not provided. PA\*

17. Nurse-midwife services.

- Provided:  No limitations  With limitations\*  
 Not provided.

18. Hospice care (in accordance with section 1905(o) of the Act).

- Provided:  No limitations  With limitations\*  
 Not provided.  Provided in accordance with section 2302 of the Affordable Care Act

\*Description provided on attachment.

STATE	<u>Arkansas</u>	A
DATE REC'D	<u>9-17-12</u>	
DATE APPV'D	<u>11-21-12</u>	
DATE EFF	<u>1-1-13</u>	
HCFA 179	<u>12-01</u>	

SUPERSEDES: TN- 94-26

State/Territory: ARKANSAS

AMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED  
MEDICALLY NEEDY GROUP(S): All

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DATE REC'D <u>9-17-12</u>	
DATE APPV'D <u>11-21-12</u>	
DATE EFF <u>1-1-13</u>	
HCFA 179 <u>12-09</u>	

SUPERSEDES: TN- 94-26