

DEPARTMENT OF SOCIAL SERVICES

DIVISION OF ADULT SERVICES AND AGING

320 SORENSEN DRIVE

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Strong Families - South Dakota's Foundation and Our Future

MEMO TO: South Dakota Medicaid Providers

MEMO FROM: Marilyn Kinsman, Department of Social Services Adult Services & Aging *mk*
Larry Iversen, Department of Social Services Medical Services *LI*
Sharon Sonnenschein, Department of Social Services Economic Assistance *SS*

DATE: April 20, 2009

RE: South Dakota Medicaid Hospice Services Effective May 1, 2009

This memo is being sent in order to provide you with information concerning hospice services provided under South Dakota Title XIX (Medicaid). The information that has been revised is underlined. Providers must meet Medicare conditions of participation and be an approved South Dakota Title XIX provider. Please be aware of the following provisions regarding hospice services reimbursed under Title XIX:

1. A dually eligible recipient must elect or revoke hospice care simultaneously under both the Medicare and the Medicaid programs.
2. South Dakota Medicaid may reimburse a Hospice Provider for Customary Hospice Services including those provided in a home, Hospice House, Adjustment Training Center, Assisted Living or Nursing Home.
3. Individuals residing in Assisted Living or Nursing Home will need to meet level of care requirements.
4. Documentation in the individual's record will need to support medical necessity of hospice services.
5. The hospice provider must submit the following completed form(s) within two working days after the hospice provider obtains the signed statement from the recipient.
 - Election of Hospice Care;
 - Certificate of Terminal Illness;
 - Revocation of Election of Hospice Care;
 - Change of Designated Hospice Provider.
6. For individuals with South Dakota Medicaid as their primary reimbursement source, the hospice provider will need to submit a copy of documentation that supports the medical necessity of hospice services as described below.
 - At the time of certification;
 - At the time of recertification;
 - Examples of documentation that supports the medical necessity of hospice are enclosed;

- Additional documentation will need to be submitted when requested by the Department of Social Services.

7. Submit documentation to:

Department of Social Services
Division of Adult Services & Aging
Attn: Elizabeth Twamley
320 Sorenson Drive
Chamberlain, SD 57325
FAX: 605-734-4505

Please direct any questions regarding this process to Elizabeth Twamley, Program Manager Nurse Consultant, at 605-734-4500 Ext. 220.

Suggestions for Improved Documentation to Support Medicare/Medicaid Hospice Services

The following list is a guide for hospice providers and their staff to improve documentation of Medicare/Medicaid covered hospice services by including basic documentation. This list is intended only as a guide, and is not inclusive, nor ensures payment. Remember, the documentation must present a visual picture of the patient, their conditions and symptoms to support the terminal prognosis.

Documentation to Support Hospice Admission

- Change in condition to initiate hospice referral
- Diagnostic documentation to support terminal illness
- Physician assessment and documentation
- Date of diagnosis and course of illness
- Patient has desire for palliative, non-curative treatment (signed election statement)

Documentation to Support Level of Care

- Patient needs or event (medical crisis, family breakdown) which support higher level care
- Continued higher level of care reasonable and medically necessary
- Start/stop time of higher level of care
- Services consistent with plan of care

Documentation to Support Hospice Services with Examples of Possible Quantifiable Values/Measures

- Documentation need only include that information that is specific to the patient being assessed.

Examples may include:

- Change in patient's weight (pounds, kilograms)
- Worsening diagnostic lab results (increase, decrease)
- Change in pain
 - Type (ache, throb, sharp)
 - Intensity (Level 0-10)
 - Location (upper, lower)
 - Frequency (hourly, daily)
 - Medication usage (dosage, frequency)
- Change in responsiveness (fading, alert, unresponsive)
- Skin thickness/condition (fragile, intact, tears easily)
- Dependence on ADLs
 - Occurrences of incontinence
 - Dress (assisted, unassisted)
 - Bathe (assisted, unassisted)
 - Ambulation ability (assisted, unassisted)
 - Ambulation distance (feet, steps)
- Change in anthropomorphic measures
 - Upper arm measurement (inches, centimeters)
 - Abdominal girth (inches, centimeters)
- Change in signs
 - Respiratory rate (increased, decreased)
 - Oxygen flow rate (liters)
 - Hyper/hypotension
 - Radial/apical pulse (tachycardic, bradycardiac, regular, irregular)
 - Edema (level 1-4, pitting, non-pitting)

- Turgor (slow, normal)
- Change in strength/weakness (level 0-5)
- Change in lucidity (oriented, confused)
- Measurement/change in intake/output
 - Amount (cups, liters, ounces, teaspoons, mgs, ml, cc)
 - Frequency

Documentation to Support Hospice Physician Services

- Physician is medical director, employee, volunteer, or consultant of hospice
- Services were provided
- Services were reasonable and medically necessary

Prior to Claim Submission Ensure the Following:

- Election statement was signed and dated at start of care
- Certification/recertification was signed and dated according to Medicare regulations
- Plan of Care (POC) signed and dated according to Medicare regulations
- The number of days/hours for each level of care is identified

Additional Quantifiable Values may include:

- Size (inches, centimeters)
- Timeframe (hours, days, weeks, months)
- Saturation (percent)
- Frequency (hourly, daily, weekly)
- Head elevation (number of pillow(s), degrees)
- Speech pattern (repetition, word count)

Appropriate Clinical Factors to Consider During Recertification of Medicare/Medicaid Hospice Patients

The following is a guide hospice providers and their staff can use during recertification of a hospice patient. This tool is intended only as a guide, and is not inclusive, nor ensures payment. The use of this tool is not required and is completely voluntary. Any new/persistent/change in clinical factors exhibited by the patient should be documented in the medical record to support the appropriateness of the hospice services provided. Documentation should be in a quantitative form (pounds, 4 on a scale of 1-5, inches, etc.) (See "Suggestions for Improved Documentation to Support Medicare/Medicaid Hospice Services.")

Clinical Status

- Appetite/food consumption (persistent/change)
- Body mass measurement (persistent/change)
- Functional status (change in activity level)
- Infections (new/persistent/change)
- Psychological state (change)
- Recurrent aspiration
- Social status (change in social support, relationships)
- Weight change resulting from disease

Symptoms

- Cough (persistent/change)
- Diarrhea / constipation (persistent/change)
- Dyspnea
- Fatigue (persistent/change)
- Nausea / vomiting (persistent/change)
- Pain (persistent/change)
- Seizure/CNS activity (as related to disease process) (new/persistent/change)
- Swallowing, dysphagia (new/persistent/change)

Signs

- Agitation (new/persistent/increase)
- Ascites (new/persistent/change)
- Circulatory obstructions resulting from disease (new/persistent/change)
- Decreased systolic BP <90
- Decubitus (new/persistent/change)
- Edema (new/persistent/change)
- Heart rate (persistent/change)
- Level of consciousness (persistent/change)
- Pathologic fracture
- Pleural/pericardial effusion (persistent/change)
- Progressive postural hypotension (new/persistent/change)
- Respiratory rate, pattern persistent/change)
- Skin color (persistent/change)
- Urine output (persistent/change)
- Weakness (persistent/change)

Labs (when available)

- Arterial blood gases/pulse oximetry (persistent/change)
- CBC (persistent/change)
- Electrolyte balance (persistent/change)
- Metabolic studies (persistent/change)

- Prealbumin, albumin or cholesterol resulting from disease (persistent/change)
- Tumor markers (persistent/change)

Other Indicators

- Change in KPS/PPS resulting from disease
- Decline in FAST (dementia patients only)
- Medication adjustment
- Identification/development of new/persistent/change in comorbidities
- Usage of continuous, respite, general inpatient hospice care
- Independence (persistent/change)
- Skin integrity (persistent/change)