# An Overview of the Medicaid Hospice Benefit

#### Introduction

The Centers for Medicaid Services (CMS) and the States are helping Medicaid participants understand their roles in ensuring they receive the care that they need and how to report matters of concern they may have related to the Medicaid hospice program. This fact sheet will help you and others follow Medicaid rules for hospice care.

## **What Is Medicaid Hospice Care?**

The goal of Medicaid hospice care is to provide care and comfort during the final months of a patient's life. To be eligible for hospice care, a physician must certify that a patient is terminally ill.[1] "Terminally ill" means that the patient has a medical prognosis that will reduce his or her life expectancy. Each State decides the length of the life expectancy one must have to get hospice care.

Hospice care can be confused with palliative care. A beneficiary can receive palliative care when diagnosed with a serious illness but does not have to be eligible for the Medicaid hospice benefit. Palliative care can help manage the pain and symptoms of illness, whether the illness is terminal or not. Palliative care is distinct from curative care, which seeks a cure for a disease or medical condition.

Hospice care is a choice you make. If you choose hospice care, you will receive help with your symptoms and be made comfortable. However, you will not receive care for the cure of your terminal illness,[2] unless you are younger than age 21.[3] If you change your mind about hospice, you can receive treatment for a cure again. To do this, sign a statement saying you no longer want hospice care, and give it to your hospice provider. You can choose hospice care again at any time, if you are eligible for the benefit.[4]

Medicaid hospice care is provided by a team who can meet your physical, psychosocial, spiritual, and emotional needs as written in a plan of care.[5] Hospice benefits may include anything you need to manage your terminal illness and related conditions that is covered by Medicaid.[6]

Hospice care is usually provided in your home. If you live in a facility, such as a nursing home, Medicaid considers the facility to be your home.[7] There are also other places you can live, such as an assisted living facility or a rehabilitation center, where hospice services can be covered. Hospice benefits may not be the same in each State. Ask your State Medicaid agency about hospice benefits in your area.

## **Are You Receiving Quality Care?**

You have a right to get quality care.[8] This includes care that attends to all of your needs and is provided by trained staff that respects the choices made by you and your family.[9] If you feel you are not getting quality care, tell the hospice or call Adult Protective Services in your State.[10] If you live in a nursing home, you may also call the long-term care ombudsman. There are signs at your facility that tell you how.[11]

## What Can You Do to Help?

You can help protect the Medicaid program by reporting concerns you may have with hospice care. When you enroll in hospice, ask the hospice agency about the care you will receive. Things that do not seem right should be reported. Acts of physical abuse or fraud should be reported to the State Medicaid Fraud Control Unit or State Medicaid agency. See how to contact them at <a href="http://www.cms.gov/medicare-medicaid-coordination/fraud-prevention/fraudabuseforconsumers/report\_fraud\_and\_suspected\_fraud.html">http://www.cms.gov/medicare-medicaid-coordination/fraud-prevention/fraudabuseforconsumers/report\_fraud\_and\_suspected\_fraud.html</a> on the CMS website. You may also contact the U.S. Department of Health and Human Services, Office of Inspector General by email at HHSTips@oig.hhs.gov or by calling 1-800-HHS-TIPS (1-800-447-8477); TTY: 1-800-377-4950.

#### References

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January 2015



