

**NORTH DAKOTA DEPARTMENT OF HUMAN SERVICES
BISMARCK, NORTH DAKOTA
November 6, 2017**

IM 5322

TO: Directors, County Social Service Boards

FROM: Nancy Nikolas Maier, Director, Aging Services Division

SUBJECT: Requirements for combination of HCBS and Hospice

PROGRAM(S): Medicaid State Plan – Personal Care services 535-05
Home and Community Based Services 525-05

EFFECTIVE: Upon Receipt of this IM

RETENTION: Until Manualized

SECTIONS

AFFECTED: 535-05-25
525-05-30-05

The purpose of this IM is to clarify the combination of Home and Community Based Services (HCBS) and Hospice.

Hospice can be combined with HCBS services from all funding sources (MSP PC, SPED, MW and EXSPED) with prior approval from the Program Administrator of the funding source.

Limitations and Non-covered Services 535-05-25

12. Per guidance given by the Centers for Medicare and Medicaid Services in the following memo, personal cares can be offered in conjunction with Hospice services.

<https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/downloads/SCLetter01-013.pdf>

The combination of personal care services and hospice services requires prior approval from the Department. The request should outline the client's needs, the services that will be provided through

Hospice, and the services being requested through MSP PC. The request must also contain an assurance that there is not a duplication of services.

The Hospice plan of care should include the need for personal care services and a copy should be maintained in the client's file.

HCBS Case Management 525-05-30-05

HCBS Case Management - Service Activities, Standards of Performance, and Documentation of HCBS Case Management Activities

HCBS Case Management Service consists of the service activities or components listed below.

1. **Assessment of Needs** - This component is completed initially and at least annually thereafter. At least one home visit is required during the assessment of needs process.

Clients must sign and be given a "Your Rights and Responsibilities" form DN 46 annually and verification must be noted on the SFN 1047 Application for Services by the client that a DN 46 was received note in narrative of annual date given.

During the assessment process, when applicable, the information needed for submission to Dual Diagnosis Management (DDM) is obtained. The case management entity shall use the existing and established procedures for requesting a level-of-care determination from (DDM).

For an adult (at least 18 years of age): Complete a comprehensive assessment and gather input from other knowledgeable persons as authorized by the applicant/client.

For a child (under 18 years of age): Complete a Social History (in lieu of the comprehensive assessment used for adults) AND submit the necessary documents to DDM for a level-of-care determination.

Prior approvals given for service combinations and service authorization requests that are continuing must be reviewed and re-approved by the HCBS Program Administrator on an annual basis.

Per guidance given by the Centers for Medicare and Medicaid Services in the following memo, HCBS can be offered in conjunction with Hospice services.

<https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/downloads/SCLetter01-013.pdf>

The combination of HCBS services and Hospice requires prior approval by a HCBS Program Administrator with the exception of intermittent Respite Care Services. The request should outline the client's needs, the services that will be provided through Hospice, and the services being requested through HCBS. The request must also contain assurance that there is not a duplication of services.

The Hospice plan of care should include the need for the HCBS service and a copy should be maintained in the client's file.