

**State of Mississippi**

**Descriptions of Limitations as to Amount, Duration and Scope of Medical Care and Services Provided**

---

---

18. Hospice Care

Hospice benefits include the same services and limitations thereon as available under the Medicare program, 42 CFR Part 418, except as noted herein as follows:

- A. Election of the hospice option causes the recipient to forfeit all other Medicaid program benefits that are related to the treatment of the individual's terminal illness or are duplicative of hospice, but only if those services are also provided by Medicare.
- B. The exceptions to this are the services of a physician that is not employed by the hospice and primarily responsible for the care of the recipient.
- C. Election periods are: (1) An initial 90-day period; (2) A subsequent 90-day period; or (3) an unlimited number of subsequent 60-day periods are available provided a physician certifies that the recipient is terminally ill or that the condition of the recipient has not changed since the previous certification of terminal illness.
- D. A written initial certification statement signed by the medical director of the hospice OR the physician member of the hospice interdisciplinary group, AND the beneficiary's attending physician. The written certification must include a statement that the beneficiary's medical prognosis is six (6) months or less and that hospice services must be reasonable and necessary for the palliation or management of the terminal illness and related conditions.
- E. The medical director of the hospice or physician member of the hospice interdisciplinary group and the beneficiary's attending/certifying physician MUST be different physicians. Medical certification is required by the individual's attending physician; however, if the beneficiary's primary attending physician and the Hospice interdisciplinary physician or the Hospice Medical Director is the same person, documentation must be provided to show that this person has been treating the beneficiary for the end of life illness prior to admission.
- F. The written re-certification statement must be signed by the medical director of the hospice OR the physician member of the hospice interdisciplinary group. The written certification must include a statement that the beneficiary's medical prognosis is six (6) months or less and that hospice services must be reasonable and necessary for the palliation or management of the terminal illness and related conditions.
- G. Nursing care is provided by a registered nurse (RN). The RN shall identify the beneficiary/family's physical, psychosocial, and environmental needs and reassess as needed but no less than every 14 days at the beneficiary's residence. When aide services are being provided, the registered nurse will make supervisory visits to the beneficiary's residence at least every other week to provide direct supervision, assess relationships, and evaluate care plan goals. For the initial visit, the RN must accompany the nurse aide.

State of Mississippi

**DESCRIPTIONS OF LIMITATIONS AS TO AMOUNT, DURATION AND SCOPE OF  
MEDICAL CARE AND SERVICES PROVIDED**

Descriptions of Limitations as to Amount, Duration and Scope of Medical Care and Services Provided

---

---

18. ~~Hospice Care~~ Hospice benefits include the same services and limitations thereon as available under the Medicare program. Election of the hospice option causes the recipient to forfeit all other Medicaid program benefits that are related to the treatment of the individual's terminal illness or are duplicative of hospice care, but only if those services are also provided by Medicare. The exceptions to this are the services of a physician that is not employed by the hospice and is primarily responsible for the care of the recipient. Four (4) benefit periods; 90, 90, 30 and unlimited days are available provided a physician certifies that the recipient is terminally ill or that the condition of the recipient has not changed since the previous certification of terminal illness.

18. Hospice Care

Hospice benefits include the same services and limitations thereon as available under the Medicare program, 42 CFR Part 418, except as noted herein as follows:

- A. Election of the hospice option causes the recipient to forfeit all other Medicaid program benefits that are related to the treatment of the individual's terminal illness or are duplicative of hospice, but only if those services are also provided by Medicare.
- B. The exceptions to this are the services of a physician that is not employed by the hospice and primarily responsible for the care of the recipient.
- C. Election periods are: (1) An initial 90-day period; (2) A subsequent 90-day period; or (3) an unlimited number of subsequent 60-day periods are available provided a physician certifies that the recipient is terminally ill or that the condition of the recipient has not changed since the previous certification of terminal illness.
- D. A written initial certification statement signed by the medical director of the hospice OR the physician member of the hospice interdisciplinary group, AND the beneficiary's attending physician. The written certification must include a statement that the beneficiary's medical prognosis is six (6) months or less and that hospice services must be reasonable and necessary for the palliation or management of the terminal illness and related conditions.
- E. The medical director of the hospice or physician member of the hospice interdisciplinary group and the beneficiary's attending/certifying physician MUST be different physicians. Medical certification is required by the individual's attending physician; however, if the beneficiary's primary attending physician and the Hospice interdisciplinary physician or the Hospice Medical Director is the same person, documentation must be provided to show that this person has been treating the beneficiary for the end of life illness prior to admission.
- F. The written re-certification statement must be signed by the medical director of the hospice OR the physician member of the hospice interdisciplinary group. The written certification must

---

---

TN No. 91-23 2010-031  
Supersedes  
TN No. NEW 91-23

Date Received \_\_\_\_\_  
Date Approved \_\_\_\_\_  
Date Effective \_\_\_\_\_

**State of Mississippi**

**DESCRIPTIONS OF LIMITATIONS AS TO AMOUNT, DURATION AND SCOPE OF  
MEDICAL CARE AND SERVICES PROVIDED**

include a statement that the beneficiary's medical prognosis is six (6) months or less and that hospice services must be reasonable and necessary for the palliation or management of the terminal illness and related conditions.

- G. Nursing care is provided by a registered nurse (RN). The RN shall identify the beneficiary/family's physical, psychosocial, and environmental needs and reassess as needed but no less than every 14 days at the beneficiary's residence. When aide services are being provided, the registered nurse will make supervisory visits to the beneficiary's residence at least every other week to provide direct supervision, assess relationships, and evaluate care plan goals. For the initial visit, the RN must accompany the nurse aide.