Medicare Coverage Requirements for Hospice Services and Medicaid Nursing Home Room and Board Services

Below is an outline of the federal coverage requirements for hospice services and Medicaid nursing home room and board services provided to hospice patients.

Medicare Coverage Requirements for Hospice Services (42 C.F.R. § 418.200)

To be covered, hospice services must meet the following requirements:

1. They must be reasonable and necessary for the palliation and management of the terminal illness as well as related conditions.
2. The individual must elect hospice care in accordance with § 418.24.
3. A plan of care must be established and periodically reviewed by the attending physician, the medical director, and the interdisciplinary group of the hospice program as set forth in § 418.56.
4. That plan of care must be established before hospice care is provided.
5. The services provided must be consistent with the plan of care.
6. A certification that the individual is terminally ill must be completed as set forth in § 418.22.

Federal Coverage Requirements for Medicaid Payment of Nursing Home Room and Board Services Provided to Hospice Patients (42 U.S.C. § 1396d(o)(3))

Payment for nursing facility room and board will be made to a hospice instead of the nursing facility if:

1. The patient resides in a nursing home and is receiving medical assistance for services in the nursing home under the Medicaid plan.
2. The patient is entitled to and has elected to receive hospice care under either the Medicare or Medicaid hospice benefit.
3. The hospice program and the nursing home have entered into a written agreement under which the hospice takes full responsibility for the professional management of the patient's hospice care and the facility agrees to provide room and board to the patient.

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