

Medicaid Waiver/Hospice Partnerships

Question and Answer



Q: My experience is that individuals with Hospice services in place have chosen to implement a DNR. However, it seems that waiver providers do not typically honor those and insist they must implement CPR measures until an ambulance is called, and then they can choose whether or not to honor the DNR. This has caused them to not want to utilize their waiver provider hours, in fear of their wishes not being honored. Any suggestions?

A: Generally speaking, Medicaid Waiver Direct Support Professionals (or other types of Medicaid Waiver service support professionals) are not medical professionals and are not able to make that determination. However, once 911 is called and medical professionals arrive, they are able to follow a DNR. If an Individual is receiving both Medicaid Wavier and Hospice services, the team should discuss this and develop a plan to address this type of situation.

Q: I noticed Premier offers music therapy. Have you experienced collaboration/transitioning services between waiver and hospice services?

A: Music therapy through hospice has proven to be a huge benefit to hospice patients. The team should communicate to ensure the appropriate services are provided.

Q: Should Wellness Coordination on the waiver be discontinued if with Hospice?

A: IPMG is has submitted this question to DDRS and is waiting on clarification.

Q: We have been told HCBS supplement Hospice services and CMs need to remove the service from the service plan if Hospice can provide it. This seems to contradict what was stated when waiver services would remain instead of the hospice service in one case. Can that be clarified?

A: The support team should discuss all services and, as mentioned on the webinar, Medicaid Waiver, Medicaid PA, and Hospice services should share their POC to prevent duplication of services and billing.

Q: Say an individual is discharged from a hospital, but their waiver home is not equipped to support the hospice process? Is there an inpatient option? How do they qualify for something like this? The experience in these types of situations, the hospice team can help communication and coordinate services such as living arrangement options.



A: Each hospice provider has different service options, so it is best to discuss this with the specific provider.

Q: Medicaid is considered "funding of last resort" in Indiana; how can you utilize MA when Medicare would cover cost of HHA through hospice (first funding source)? That is not following the "funding of last resort" guidelines for Medicaid.

A: Home Health Aides are not always providing the whole aspect of home health care. Hospice is required to offer a home health aide but the patient is able to choose to keep the current aide through the home health care agency.

Q: What is a "waiver" home health aide? I thought only straight Medicaid paid for home health aides.

A: To clarify, home health services are provided through Medicaid Prior Authorization.