## MEDICAID PROGRAM PUBLIC NOTICE HOSPICE

## August 08, 2022

The Department of Human Services (DHS) is issuing this Public Notice of its intention to establish the Hospice Benefit as a Medicaid covered service under the United States Virgin Islands Medicaid Program (USVIMP) effective August 08, 2022. Sections 1861(dd) and 1905(o) of the Social Security, in concert with Section 42 CFR 418, Subpart G of the Code of Federal Regulations, establishes the covered services and conditions for participation in the Hospice Benefit under the USVIMP.

A provider of the Hospice benefit must be certified by the Centers for Medicare and Medicaid Services (CMS) and be enrolled as a Virgin Islands Medicaid Hospice Provider. Prior to initiating Hospice service, a Hospice provider must obtain a physician certification that the beneficiary is terminally ill. The beneficiary must elect the Hospice benefit from a particular Hospice provider, acknowledging that they understand that other covered Medicaid services for the cure and treatment of the terminal condition are waived. Only one Hospice provider can provide services to a beneficiary. The beneficiary may revoke the election of the Hospice benefit at any time and resume coverage of all Medicaid covered services.

Hospice services include the following levels of care:

- Routine Home Care (RHC)
- Continuous Home Care (CHC), which is offered during a period of crisis and primarily consists of nursing care
- Inpatient Respite Care (IRC), which is short-term care and intended to relieve family members or others caring for the beneficiary
- General Inpatient Care (GIC), which is short term and intended for pain control or acute or chronic symptom management which cannot be provided in other settings
- Service Intensity Add-On which the following criteria are met:
  - o The day on which the services are provided is at an RHC level of care
  - The day of which the service is provided occurs during the last seven days of life, and the client is discharged deceased
  - The service is provided by a registered nurse or social worker that day for at least fifteen minutes and up to four hours total
  - o The service is not provided by the social worker via telephone

This service has not been previously covered under the USVIMP and the service is being added to expand coverage under Medicaid to meet the need for this service for our Medicaid beneficiaries. We estimate that a maximum of one hundred Medicaid beneficiaries per year will receive this service, at a total cost of approximately \$1.3 million annually that will be reimburse by the Federal and local Virgin Islands Medicaid funding.

The Virgin Islands (VI) Medicaid Program will pay the Medicare Hospice rates developed annually by the Centers for Medicare and Medicaid Services for the core base statistical area (CBSA) code 99948 (All areas of the Virgin Islands) and apply the appropriate local wage index for the following categories or levels of care provided. The "appropriate local wage index" is the index indicated for CBSA 99948 code. Except for payment for physician services, Medicaid reimbursement for hospice care will be made at the predetermined Medicare rates for each day the individual receives care under one of the following categories or levels of hospice care.

The Medicaid State Plan Amendment which describes this coverage is available for review at: U.S. Virgin Islands DHS (gov.vi)

It is also posted for review at the DHS District Offices on St. Thomas, St. Croix, and St. John. You may also call 340-774-0930 on St. Thomas or 340-773-1311 on St, Croix. If you prefer to provide written comments on this proposal, please address them to the following address:

USVI Department of Human Services Attn: Director, Medicaid Program 1303 Hospital Grounds – Building A St. Thomas, US Virgin Islands 00802

We invite your comments on the proposal and those comments must be received by DHS within 30 days of the date of this notice.