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DMAP Policy and Planning Section

Number: DMAP-IM-13-002

Authorized Signature

Issue Date: 01/09/2013

Topic: Medical Benefits

Subject: **Provider announcement:** Clarify issues around hospice and nursing facilities contracts and Medicaid client options

Applies to:

- | | |
|--------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> All DHS employees | <input type="checkbox"/> County Mental Health Directors |
| <input type="checkbox"/> Area Agencies on Aging | <input type="checkbox"/> Seniors and People with Disabilities |
| <input type="checkbox"/> Children, Adults and Families | <input checked="" type="checkbox"/> Other (please specify): DHS and OHA staff and others identified on the SPD, CAF, AMH and DMAP transmittal lists |
| <input type="checkbox"/> County DD Program Managers | |

Message:

DMAP will post the following announcement on the [DMAP Provider Announcements](#) Web page and send a message to all nursing facilities, hospice providers, Managed Care and Coordinated Care Organizations. The announcement clarifies confusion that arose from the Nov. 2012 Webinar training on a new process for nursing facilities' room and board charges for Medicaid-eligible clients who elect hospice services.

Since hospice providers and nursing facilities are currently updating contracts to incorporate the new process and the new facility bundled rate to be implemented March 1, 2013, this announcement gives a list of related facts that may be helpful.

If you have any questions about this information, contact:

Contact(s):	Judith Van Osdol, DMAP Policy Analyst		
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Hospice & nursing facility providers, CCOs and MCOs

Clarifying issues with hospice & nursing facility contracts, and client options

In November, the Division of Medical Assistance Programs (DMAP) held Webinar training regarding the new process for billing nursing facility room and board charges for Medicaid-eligible residents (clients) who elect hospice services. As you know, this process and the new nursing facility bundled rate will be implemented on or after March 1, 2013.

We have recently been made aware of confusion stemming from the training and, since you are currently updating contracts, the following information may be helpful:

Nursing facility and hospice provider contracts:

- Nursing facilities can choose to not provide hospice services to their residents or they can choose to contract with any hospice provider.
- There are no restrictions on the number of contracts a nursing facility or hospice provider can have, and there can be more than one contract with a hospice provider for hospice respite and residence.
- The contract is an agreement between the hospice provider and the nursing facility. Contracts for each client are not necessary.
- Most hospice providers already have contracts with nursing facilities and they can amend the current contracts to add the changes. It is important to cover all new aspects.
- A new contract or contract change can be initiated by either the hospice provider or the nursing facility. If you are initiating a new contract, template contracts are available by purchase from the [National Hospice and Palliative Care Organization](#).

Clients and nursing facilities:

- If a nursing facility does not provide hospice services for their residents, the client can move to a different facility to receive hospice care. If this happens, the current nursing facility must help with the transfer process.
- If the client wants a different hospice provider, the nursing facility can initiate a contract with the hospice provider the client prefers or, the client may choose to move to a different facility to receive care from the hospice provider of their choice.

If the client prefers to move to a different facility, regardless of the reason, the current nursing facility must help in that transfer process.

Questions?

Soon we will provide a question and answer document to help with these changes. In the meantime, **if you have questions about this announcement**, contact the DMAP Provider Services Unit at dmap.providerservices@state.or.us or call 1-800-336-6016, Monday through Thursday, 8:30 a.m. to 4:00 p.m. and Friday 10 a.m. to 4:00 p.m. (telephone lines closed 11:30 a.m. to 12:30 p.m. daily).

