



**Concurrent Care for Children
Centers for Medicare and Medicaid Services
Questions and Answers
May 2011**

The following questions were asked of the CMS Division of Benefits and Coverage, Disabled and Elderly Health Programs Group, Center for Medicaid, CHIP, and Survey & Certification. Melissa Harris, Deputy Director of the Division, answered the questions on behalf of CMS.

1. **If a child is qualified for a Medicaid service (based on medical necessity) to sustain his/her life and is also determined to be terminally ill by hospice criteria, must the child discontinue prior-approved, non-hospice services in order to access hospice care? i.e. choose between the two?**

CMS Response: the general answer is “no”. Upon election of hospice, the hospice will provide the same scope of services that would have been provided absent this new concurrent care provision. If the service in question is outside the scope of what hospice provides, but is a medically necessary service authorized under section 1905(a) of the Social Security Act, the service must be provided, and reimbursed directly to the provider of that service. The hospice remains responsible to furnish and pay for only the scope of services required under the hospice benefit.

2. **Under the new CCCR (Concurrent Care for Children Requirement), is the hospice responsible for providing and paying for services outside what is normally covered under the Hospice Medicaid Benefit? For example, caregivers or private duty services to enable a child to live at home vs. in a nursing facility or hospital...**

CMS Response: No. The hospice remains responsible to furnish and pay for only the scope of services required under the hospice benefit.

3. **Since by definition a hospice-eligible child’s prognosis is less than six months (assuming the life-limiting disease or condition follows its anticipated course), is the “curative” language also to be defined as disease modifying/ life-sustaining? This clarification would be helpful; i.e. a ventilator which may ultimately be withdrawn... (via the support of hospice team).**

CMS Response: This is a difficult question to answer, but the general response is that if the hospice would have provided the treatment absent the concurrent care provision, it remains the responsibility of the hospice to provide and pay for.

4. **If a child has a terminal illness and is receiving a treatment that is life-prolonging but not curative or palliative, whose responsibility is that? In other words, a ventilator will extend the life of a child with muscular dystrophy, which is a terminal illness, but it isn’t necessarily prescribed for comfort or symptom management....**

CMS Response: The answer here is the same as for question 3. If the hospice would have provided the treatment absent the concurrent care provision, it remains the responsibility of the hospice to provide and pay for.

5. **Under the new CCCR, is it accurate to state that hospice will be responsible for all palliative (symptom and comfort related) treatment and traditional Medicaid will continue to cover other services/treatment for which the child is medically eligible, concurrently with and in addition to hospice services?**

CMS Response: I can reiterate that the hospice is only responsible to furnish and pay for the scope of services required under the hospice benefit. Other medically necessary Medicaid services would be continued upon election of hospice, and reimbursed directly to individual providers.

6. **Is it accurate to state that hospice should not be responsible for covering all services that are needed for the child who elects Medicaid hospice services or CHIP?**

CMS Response: Yes. The hospice remains responsible to furnish and pay for only the scope of services required under the hospice benefit. Medically necessary services outside of the scope of the hospice benefit should be provided by and reimbursed to separate providers.

7. **In the event of a hospitalization, since hospice and other care can now be provided concurrently, how is it determined when hospice pays for the hospitalization and when Medicaid pays via traditional process? i.e. patient is admitted to manage a symptom, and after admission, family decides to pursue a life-prolonging measure.**

CMS Response: This is also a difficult question, and one that doesn't lend itself to a "one size fits all" response. My general guidance is this: if the reason for the hospitalization is due to the terminal illness, such that hospice would have reimbursed for the hospital stay in the absence of the concurrent care provision, the hospice is still responsible for reimbursing for the stay. Hospitalization for the pursuit of treatment for issues unrelated to the terminal illness, or the pursuit of treatment outside the scope of the hospice benefit would be reimbursed directly to the hospital. In all cases, coordination between the hospice and hospital is important, particularly if the stay includes a combination of services inside and outside the scope of the hospice benefit. Coordination with the State Medicaid Agency is also a critical activity.