

 Office of Mental Health	Official Policy Manual DIRECTIVE		SECTION Patient Care	SECTION # PC-1200
	PREPARED BY Julie Rodak, Associate Counsel	T.L. 17-09	TITLE Hospice Care Services	
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A. POLICY STATEMENT

The NYS Office of Mental Health (OMH) is committed to meeting the psychiatric and medical needs of patients by directly providing services within OMH facilities or contracting with outside agencies and providers for any specialty services that are not currently available within OMH facilities.

Hospice services are specialty services that are sometimes indicated for OMH patients who have been diagnosed with a serious terminal illness and/or who may be in the final stages of a terminal illness. Hospice services are typically provided within medical hospitals, long-term care facilities, nursing homes, or a patient's home. The goal of hospice is to keep the individual comfortable while concurrently providing the patient with dignity, support, and a quality of life.

In general, most hospice services are outside the scope of practice of the OMH medical staff. The purpose of this policy directive is to ensure that hospice services are made available to patients of OMH psychiatric hospitals, and to establish a uniform process for submission of bills related to hospice care.

B. APPLICABILITY

This directive applies to all State Operated Psychiatric Centers.

C. RELEVANT STATUTES AND STANDARDS

Mental Hygiene Law, Article 7

D. BODY OF THE DIRECTIVE

1. OMH psychiatric hospitals are responsible for ensuring that the following hospice services are made available when indicated for inpatients of OMH psychiatric centers:
 - (a) Nursing care;
 - (b) Doctor services;
 - (c) Medical equipment (e.g., wheelchairs or walkers);
 - (d) Medical supplies (e.g., bandages and catheters);
 - (e) Prescription drugs for symptom control or pain relief;
 - (f) Hospice aide and homemaker services;
 - (g) Physical and occupational therapy;

- (h) Speech-language pathology services;
 - (i) Social work services;
 - (j) Dietary counseling;
 - (k) Grief and loss counseling for the patient and the patient's family;
 - (l) Short-term inpatient care (for pain and symptom management); and,
 - (m) Short-term respite care.
2. If the need for hospice services for an OMH inpatient arises, the following processes should be followed:
- (a) The facility should attempt to identify hospice providers that bill for services using the established Medicaid rate for the needed/provided hospice service(s). It is recommended that facilities take a proactive approach and maintain a list of such providers, to ensure such information is readily available when needed. A list of resources to utilize for this purpose is attached as Appendix A.
 - (b) When a Medicaid rate provider is identified to respond to a specific case, OMH facilities should:
 - (i) inform the facility's Patient Resource liaison;
 - (ii) obtain a written quote that substantiates that the hospice service(s) will be provided at the established Medicaid rate; and,
 - (iii) secure the hospice service(s) from the provider.
 - (c) After a Medicaid rate provider has been secured, facilities should routinely verify the satisfactory provision of the hospice services, and timely forward to the OMH Consolidated Business Office's (CBO's) Outside Hospital Care (OHC) unit, any claims, bills, and/or invoices received.
 - (i) Depending on the individual circumstances, hospice services may need to include continued psychiatric treatment and psychiatric medications. There may also be situations where there is no clinical reason to continue psychiatric treatment or medications. In some cases, we might need to send OMH clinicians out to hospice locations where patients are.
 - (ii) When feasible and appropriate, facilities may continue to provide psychiatric treatment and medications to patients who have been transferred to a hospice location by visiting the patient at that location.

- (d) The OMH CBO OHC unit is responsible for ensuring the timely processing/payment of all facility-verified hospice claims received by the facility from the hospice provider(s). Bills must be invoiced and submitted in a manner that is appropriate and consistent with the established Medicaid rate(s) for such service(s);
- (e) All approved hospice service bills/claims/invoices shall be directed and charged to the submitting facility's "Medical Services" allocation provided within the facility's annual Non-Personal Services (NPS) spending plan.
- (f) If the facility is unable to identify or secure a hospice provider, the OMH Health Services unit or the OMH CBO Contracts/Procurement unit must be immediately contacted. In such instance(s):
 - (i) The OMH Health Services unit or the OMH CBO Contracts/Procurement unit will assist the facility in timely identifying/securing a hospice provider that bills for hospice service(s) using the established Medicaid rate; or,
 - (ii) If no such provider can be identified/secured, the OMH CBO Contracts/Procurement unit will provide the facility with specific guidance and assistance to expedite the securing and procurement of any required hospice services.

Appendix

Hospice Care Resources

The NYS DOH has a good searchable website for Hospice care. It is searchable by county and services https://profiles.health.ny.gov/hospice/counties_served/

This link provides a directory of all 45 Hospices in NYS:
<https://profiles.health.ny.gov/directory/hospices>

This link describes and defines all hospice services offered:
<https://profiles.health.ny.gov/hospice/services>

This link describes some of the conditions that need to be met for Medicaid to cover Hospice Services
<https://www.medicaid.gov/medicaid/benefits/hospice/index.html>