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| LOCAL COMMISSIONERS MEMORANDUM |
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DSS-4037EL (Rev. 9/89)

Transmittal No: 94 LCM-30

Date: March 17, 1994

Division: Health and Long Term
Care

TO: Local District Commissioners

SUBJECT: Hospice Care: Survey Questionnaire on Supplementation of
Hospice Care with Personal Care Services

ATTACHMENTS: ATTACHMENT I: Survey Questionnaire
(Available On-Line)

Proposed Department regulations (18 NYCRR 505.36) addressing the provision of hospice care under the Medicaid program are expected to be published in the State Register on March 30, 1994. The proposed regulations outline the scope of the hospice benefit, the criteria for client eligibility and provision of hospice care, and the reimbursement requirements for the various levels of hospice care as defined in the regulations.

The proposed regulations also include language reflecting the Omnibus Reconciliation Act of 1990 (OBRA '90) amendment to Section 1905(o) of the Social Security Act. This amendment permits supplementation of the hospice benefit with any service not reimbursable under the Title XVIII Medicare program. Since personal care services are not reimbursable under the Medicare program, such services may be provided to individuals who have elected the hospice benefit, in addition to the services covered by that benefit.

Some departments of social services have received requests in the past for supplementation of hospice care with personal care services. We would like to draw upon these experiences to assist in the development of an appropriate, reasonable statewide policy on supplementation for inclusion in the Administrative Directive that staff will be preparing to implement the final regulations. We request that you complete the attached questionnaire

and return it to my staff by Friday, April 22. Please mail, fax, or electronically mail your completed questionnaire to:

Anne Church
New York State Department of Social Services
Division of Health and Long Term Care
Bureau of Long Term Care
40 North Pearl Street
Albany, New York 12243

Fax #: (518) 473-3828
User ID #: 73U015

Thank you for your cooperation. If you have any questions about the survey or hospice care in general, you may call Ms. Church or Ms. Bobbi Krusik of my staff at 1-800-343-8859, extensions 4-9248 or 3-5662 respectively.

Sue Kelly
Deputy Commissioner
Division of Health & Long Term Care

ATTACHMENT I
SUPPLEMENTATION OF HOSPICE CARE WITH PERSONAL CARE SERVICES
SURVEY QUESTIONNAIRE

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1. Social Services District or CASA: _____

2. Name and Title of Person _____
Completing Questionnaire: _____

3. Telephone Number: (_ _ _) _ _ _ - _ _ _ _

4. Date Survey Completed: _ _ / _ _ /94

5. Have you had any requests from hospices to supplement hospice care with personal care services?

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+++ No. Do not complete the rest of this Questionnaire.

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+++ Yes. Go to question 6.

6. Approximately how many requests have you had? _____.

Over what period of time? _____.

7. Use the rest of Page 1 and the top portion of Page 2 to provide a brief case summary of each request you have received for supplementation of hospice care with personal care services. If you have received multiple requests, provide a case summary of your two most recent requests.

Include in each case summary:

- a. The reason why supplementation was requested (if known); and
- b. The significant case characteristics that determined the decision to supplement or not to supplement; and
- c. The amount, frequency, and duration of personal care services provided, if the decision was made to supplement; or
- d. The reason(s) why supplementation was not provided, if that was the decision made.

CASE SUMMARY(IES)

CASE SUMMARY(IES) CONT.

8. List any comments or questions that you may have about supplementation of hospice care with personal care services.

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Return this questionnaire by mail, fax, or electronic mail to:

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