

**NORTH DAKOTA DEPARTMENT OF HUMAN SERVICES  
BISMARCK, NORTH DAKOTA  
September 28, 2018**

**SECOND AMENDED IM 5322**

**TO:** Directors, County Social Service Boards

**FROM:** Nancy Nikolas Maier, Director, Aging Services Division

**SUBJECT:** Requirements for combination of HCBS and Hospice

**PROGRAM(S):** Medicaid State Plan – Personal Care services 535-05  
Home and Community Based Services 525-05

**EFFECTIVE:** Upon Receipt of this IM

**RETENTION:** Until Manualized

**SECTIONS  
AFFECTED:** 535-05-25  
525-05-30-05

The purpose of this IM is to clarify the combination of Home and Community Based Services (HCBS) and Hospice.

Hospice can be combined with HCBS services from all funding sources (MSP PC, SPED, MW and EXSPED) with ~~prior~~ approval from the Program Administrator of the funding source.

**Limitations and Non-covered Services 535-05-25**

12. Per guidance given by the Centers for Medicare and Medicaid Services in the following 2001 HHS Survey and Certification memo, personal cares can be offered in conjunction with Hospice services.

<https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/downloads/SCLetter01-013.pdf>

The combination of personal care services and hospice services requires ~~prior~~ approval from the Department. The request must outline the client's needs, the services that will be provided through Hospice, and the services being requested through MSP PC. The request must also contain an assurance that there is not a duplication of services.

The Hospice plan of care must include the need for personal care services and a copy must be maintained in the client's file.

## **HCBS Case Management 525-05-30-05**

### **HCBS Case Management - Service Activities, Standards of Performance, and Documentation of HCBS Case Management Activities**

HCBS Case Management Service consists of the service activities or components listed below.

1. **Assessment of Needs** - This component is completed initially and at least annually thereafter. At least one home visit is required during the assessment of needs process.

Clients must sign and be given a "Your Rights and Responsibilities" ~~form~~ [brochure](#) DN 46 annually and verification must be noted on the SFN 1047 Application for Services by the client that a DN 46 was received [and](#) note in narrative of annual date given.

During the assessment process, when applicable, the information needed for submission to Dual Diagnosis Management (DDM) is obtained. The case management entity shall use the existing and established procedures for requesting a level-of-care determination from (DDM).

For an adult (at least 18 years of age): Complete a comprehensive assessment and gather input from other knowledgeable persons as authorized by the applicant/client.

For a child (under 18 years of age): Complete a Social History (in lieu of the comprehensive assessment used for adults) AND submit the necessary documents to DDM for a level-of-care determination.

~~Prior a~~ Approvals given for service combinations and service authorization requests that are continuing must be reviewed and re-approved by the HCBS Program Administrator on an annual basis.

Per guidance given by the Centers for Medicare and Medicaid Services in the following 2001 HHS Survey and Certification memo, HCBS can be offered in conjunction with Hospice services.

<https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/downloads/SCLetter01-013.pdf>

The combination of HCBS services and Hospice requires ~~prior~~ approval by a HCBS Program Administrator with the exception of intermittent Respite Care Services. The request must outline the client's needs, the services that will be provided through Hospice, and the services being requested through HCBS. The request must also contain assurance that there is not a duplication of services.

The Hospice plan of care must include the need for the HCBS service and a copy must be maintained in the client's file.