

Policy Number: CP-IFP20-005A

Original Effective Date: January 1, 2021

Last Review Date: October 1, 2025

Home Hospice Services

The purpose of this policy is to provide clarity and specificity related to home hospice service coverage when a member is terminally ill and in a home hospice program.

DISCLAIMER

Coverage Policies are developed to assist in identifying coverage for UCare benefits under UCare's health plans. They are intended to serve only as a general reference regarding UCare's administration of health benefits and are not intended to address all issues related to coverage for health services provided to UCare members.

These services may or may not be covered by all UCare products (refer to product section of individual coverage policy for product-specific detail). Providers are encouraged to have their UCare patient refer to their UCare plan documents (Evidence of Coverage/Member Handbook/Member Contract) for specific coverage information. If there is a conflict between a coverage policy and the UCare plan documents, the UCare plan documents prevail.

Medical Assistance (Medicaid) products may provide different coverage for certain services, which may be addressed in different policies. For Minnesota Health Care Program (MHCP) policies, please consult the MHCP Provider Manual website.

Medicare products may provide different coverage for certain services, which may be addressed in different policies. For Medicare National Coverage Determinations (NCD), Local Coverage Determinations (LCD), and/or Local Coverage Articles, please consult CMS, National Government Services, or CGS websites.

Coverage Policies do not constitute medical advice. Providers are responsible for submission of accurate and compliant claims.

Product Summary

This coverage policy applies to the following UCare products:

UCare product	Applies to
UCare Individual & Family Plans (IFP), UCare IFP with M Health Fairview	✓
UCare Connect (SNBC)	
Prepaid Medical Assistance Program (PMAP), MinnesotaCare	
Minnesota Senior Care Plus (MSC+)	

Benefit category:

Home Hospice services

Definitions or summary

- **Part-time.** Up to two hours of service per day, more than two hours is considered continuous care.
- **Continuous care.** From two to 12 hours of service per day provided by a registered nurse, licensed practical nurse or home health aide, during a crisis to keep a terminally ill member at home.
- **Appropriate facility.** A nursing home, hospice residence or other inpatient facility.
- **Custodial care related to hospice services.** Assisting in the activities of daily living and the care needed by a terminally ill member that can be provided by a primary caregiver (i.e., family member or friend) who is responsible for the member's home care.
- **Respite Care-** Care received in the home or in an appropriate facility, to give primary caregivers (i.e., family members or friends) rest and/or relief as necessary to continue to care for member at home
- **Terminally ill:** An individual who has been certified by a physician as having an illness or physical condition which can reasonably be expected to result in death in 24 months or less after the date of the certification

Coverage policy

UCare covers home hospice services when the member is terminally ill and in a home hospice program.

To be eligible for the home hospice program the member must:

- Have a terminal condition with a prognosis of six months or less to live, and **must** be certified by the treating physician in writing
- Choose a treatment focus of comfort and support services rather than treatment to cure the disease or condition
- Continue to meet the terminally ill prognosis

*****Member may withdraw from the home hospice program (and/or re-enroll) at any time.**

Covered

The following hospice services are covered if provided according to an approved hospice treatment plan:

- **Home health services**
 - Part-time care in the members home by a hospice team which may include a doctor, nurse, social worker and spiritual counselor, and home health services
 - One or more periods of continuous care in the member's home or in a facility that provides care to manage pain or symptoms
- **Inpatient hospital services**
- **Other covered services include:**
 - Respite care in the member's home or in an appropriate facility, to give primary caregivers (i.e., family members or friends) rest and/or relief as necessary to continue to take care of the member at home.
 - Respite care is **limited to five consecutive days** per episode.
 - Respite care and continuous care combined are **limited to 30 days per calendar year**

- Medically necessary drugs to manage pain and symptoms
- Semi-electric hospital beds and other durable medical equipment
- Emergency and non-emergency care

Services not covered include but not limited to:

- Financial and legal counseling services
- Housekeeping and meal services in the member's home
- Custodial care related to hospice services, whether in the home or in a nursing home
- Services not described as covered services under this home hospice services benefit
- Services provided by the member's family or residents in the member's home

Prior authorization

Prior authorization is required.

Related policies and documentation

References to other policies or documentation that may be relevant to this policy

Policy Number	Policy Description
CP-IFP20-004A	Home Health Services
CP-IFP21-006A	DME

References and source documents

Links to the UCare contracts, Center for Medicare, and Medical Assistance (Medicaid) MHCP, Minnesota statute and other relevant documents used to create this policy

[Individual & Family Plan Member Contract](#)

Coverage policy development and revision history

Version	Date	Note(s)
V1	Jan.1, 2021	New coverage: Original Effective Date
	Dec.14, 2021	Annual review; no changes
	Nov.30,2022	Annual review; no changes
	Oct. 16, 2023	Annual review: no substantive change aligned with current language added legal definition of Terminally ill to the definition section
	Oct. 2, 2024	Annual review: no substantive change, updated Disclaimer
	April 16, 2025	March 2025, DHS guideline requirement
	Oct. 1 2025	Annual Review updated to align with 2026 contract update. Changed none covered heading to match contract (Services not covered include but not limited to)