



**Commonwealth of Massachusetts**  
**Executive Office of Health and Human Services**  
**Office of Medicaid**  
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**MassHealth**  
**Adult Day Health Bulletin 23**  
**May 2021**

**TO:** Adult Day Health Providers Participating in MassHealth

**FROM:** Daniel Tsai, Assistant Secretary for MassHealth

**RE: Adult Day Health Services When Member Elects Hospice**

## **Background**

Upon electing hospice, a MassHealth member agrees to receive all MassHealth covered services related to the member's terminal illness from the member's hospice provider. Additionally, the member agrees to waive all rights to MassHealth services that are equivalent to or duplicative of hospice services, except for those services described in 130 CMR 437.412(3). The purpose of this bulletin is to clarify MassHealth's policy on the provision of adult day health (ADH) services to members who elect hospice.

MassHealth members who elect hospice may choose to receive ADH services if the ADH services are not related to the member's terminal illness, are not equivalent to or duplicative of hospice services, and are provided in accordance with all requirements set forth in 130 CMR 404.000. The ADH provider must coordinate services with the member's hospice provider and obtain in writing from the hospice provider that the ADH is not providing services related to the member's terminal illness, and that the ADH services to be provided are not equivalent to or duplicative of hospice services. The coordination of services must be maintained in the member's record by both the ADH and the hospice provider. ADH services provided to members who elect hospice must still comply with the clinical eligibility criteria outlined in 130 CMR 404.00.

## **Coordination of Services**

The hospice provider must initiate the coordination of hospice services with the ADH provider for the continuation of ADH services. If an ADH provider receives referrals or orders for additional services for a member who has elected hospice, the ADH provider must obtain authorization from the member or the member's legal representative to immediately contact the hospice provider. The hospice provider will determine next steps. The ADH provider must document any such communication in the member's record.

The ADH provider must document in the member's medical record confirmation that the member is receiving hospice services; the date of the hospice election; the member's terminal illness; and other related diagnoses effecting the member's life prognosis. The ADH must also maintain in the member's record a notification created and signed by the hospice provider's clinical team indicating that the ADH services are not related to the member's terminal illness and are non-duplicative.

## **Prior-Authorization Procedures**

When an ADH provider is contacted by the hospice provider about the enrollment of a participant in hospice, the ADH provider must begin the process of submitting a significant-change prior authorization (PA), in accordance with 130 CMR 404.406, specifically to denote the member is receiving hospice services.

Once the ADH provider identifies in the PA that the member is receiving hospice services, the ADH provider must upload the signed notification from the hospice provider's clinical team into the PA portal.

If the member was receiving ADH services before the enrollment in hospice services, there should be no lapse in ADH services through this process. If a hospice-enrolled member wishes to join an ADH program, the ADH program must follow the admission process described in 130 CMR 404.406: *Clinical Assessment and Prior Authorization* before the member is enrolled in ADH. The ADH provider must also upload the signed notification from the hospice provider's clinical team into the PA portal. A hospice-enrolled member may not be enrolled in ADH if the hospice provider is not in agreement.

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## **Questions**

If you have any questions about the information in this bulletin, please contact the Long Term Services and Supports (LTSS) Provider Service Center.

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