



**Commonwealth of Massachusetts**  
**Executive Office of Health and Human Services**  
**Office of Medicaid**  
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**MassHealth**  
**Adult Day Health Bulletin 37**  
**May 2023**

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

**FROM:** Mike Levine, Assistant Secretary for MassHealth

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

## **Background**

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

MassHealth members who elect hospice may also 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 the requirements in 130 CMR 404.000. The ADH provider must coordinate services with the member's hospice provider and obtain signed notification from the hospice provider that the ADH program 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 ADH and hospice providers must both maintain documentation of the coordination of services in the member's record. ADH services provided to members who elect hospice must still comply with the clinical eligibility criteria in 130 CMR 404.00.

## **Coordination of Services**

The hospice provider must initiate the coordination of hospice services with the ADH provider to continue ADH services. If an ADH provider receives referrals or orders for additional services for a member who has elected hospice, the ADH provider must get authorization from the member or their legal representative to immediately contact the hospice provider. The hospice provider will determine next steps. The ADH provider must document any communications from the hospice provider 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 affecting 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 not duplicative.

## **Prior Authorization Procedures**

When a hospice provider contacts an ADH provider about enrolling 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 note that the member is receiving hospice services. Next, the ADH provider must upload the signed notification from the hospice provider's clinical team to 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 wants to join an ADH program, the provider must follow the admission process 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.

## **Submission of Claims**

After services are delivered, the signed notification from the hospice provider must be uploaded with every claim. The process of submitting claims with attachments must be completed through direct data entry only. Please refer to [NewMMIS POSC Job Aid: Professional Claims Submission with MassHealth](#) for detailed information. (Page 6 of the document refers to attachments.) If additional support is needed, please contact the LTSS Provider Service Center.

## **MassHealth Website**

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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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