



**MassHealth**  
**Day Habilitation Bulletin 27**  
**May 2023**

**TO:** Day Habilitation Providers Participating in MassHealth

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

A handwritten signature in black ink that reads "Mike Levine".

**RE:** Day Habilitation 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 day habilitation (DH) services for members who elect hospice.

MassHealth members who elect hospice may also choose to receive DH services if the DH 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 419.000. The DH provider must coordinate services with the member's hospice provider and obtain signed notification from the hospice provider that the DH program is not providing services related to the member's terminal illness and that the DH services to be provided are not equivalent to or duplicative of hospice services. The DH and hospice providers must both maintain documentation of the coordination of services in the member's record. DH services provided to members who elect hospice must still comply with the clinical eligibility criteria in 130 CMR 419.406.

### **Coordination of Services**

The hospice provider must initiate the coordination of hospice services with the DH provider to continue DH services. If a DH provider receives referrals or orders for additional services for a member who has elected hospice, the DH 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 DH provider must document any communications from the hospice provider in the member's record.

The DH 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 DH must also maintain in the member's record a notification, created and signed by the hospice provider's clinical team, indicating that the DH services are not related to the member's terminal illness and are not duplicative.

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## **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**

This bulletin is available on the [MassHealth Provider Bulletins](#) web page.

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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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