



Commonwealth of Massachusetts  
**Executive Office of Health and Human Services**  
**Office of Medicaid**  
[www.mass.gov/masshealth](http://www.mass.gov/masshealth)

**MassHealth**  
**Hospice Bulletin 27**  
**April 2023**

**TO:** Hospice Agencies Participating in MassHealth

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

**RE:** **COVID-19 Flexibilities after the End of the Federal Public Health Emergency**

### **Background**

On January 31, 2020, the United States Secretary of Health and Human Services determined that a nationwide public health emergency had existed since January 27, 2020. The Secretary renewed the Federal Public Health Emergency (FPHE) on April 21, 2020, July 23, 2020, October 2, 2020, January 7, 2021, April 15, 2021, and July 19, 2021. On January 30, 2023, the Secretary announced that the FPHE will end on May 11, 2023.

Due to the decision by the Secretary to end the FPHE, MassHealth is issuing this bulletin, effective May 12, 2023. It will replace all prior FPHE-related bulletins, specifically Hospice Bulletins 17 and 18.

### **Introduction**

This bulletin communicates hospice provider requirements that were suspended during the FPHE that will be enforced after the FPHE ends. It also communicates changes in requirements implemented during the FPHE that will continue past the end of the FPHE.

This bulletin applies to members receiving hospice services on a fee-for-service basis, including members enrolled in the Primary Care Clinician (PCC) Plan who are receiving MassHealth-covered hospice services.

### **Flexibilities Ending May 11, 2023**

#### **Contracted Staff**

Following the end of the FPHE, MassHealth will end this flexibility allowing hospice providers to contract for core hospice service staff. Effective May 12, 2023, hospice providers must comply with 130 CMR 437.421 (D) which does not allow hospice providers to contract for routine nursing services, medical social services, and counseling services.

#### **Hospice Aide Supervision Requirements**

Following the end of the FPHE, MassHealth will end this flexibility waiving hospice aide supervision requirements. Effective May 12, 2023, MassHealth will resume supervision requirements as set forth at 130 CMR 437.423(F), which require hospice aide supervisory visits every two weeks.

### **Volunteer Services**

Following the end of the FPHE, MassHealth will end this flexibility suspending volunteer services for hospice providers. Effective May 12, 2023, MassHealth will resume requirements for volunteer services per 130 CMR 437.421 (E). Providers must resume use of volunteers at a level of at least 5% of the patient care hours provided by all paid hospice employees and contract staff by May 12, 2023.

### **Expanded Timeframe for Updates to the Comprehensive Assessment**

Following the end of the FPHE, MassHealth will end this flexibility expanding the timeframe the hospice provider has to update a member's comprehensive assessment from 15 to 21 days. Effective May 12, 2023, MassHealth will resume requirements under 130 CMR 437.422 (D) which require providers to update the comprehensive assessment and complete the plan of care review no less frequently than every 15 days.

### **Waiver of Certain Non-core Hospice Service Delivery**

Following the end of the FPHE, MassHealth will end this flexibility waiving a hospice provider's responsibility to provide physical therapy, occupational therapy, and speech-language pathology. Effective May 12, 2023, MassHealth will resume requirements under 130 CMR 437.424 which require hospice agencies to provide all covered services for the palliation and management of the member's terminal illness.

## **Flexibilities Continuing following the FPHE**

### **MassHealth Telehealth Policy for Hospice Services**

Effective May 12, 2023, consistent with the federal Consolidated Appropriations Act of 2023, MassHealth will continue to cover the face-to-face visit required for members entering their third hospice benefit period when appropriately provided via telehealth. Under the Consolidated Appropriations Act, the face-to-face visit may only be conducted via two-way audio-video telecommunications technology that allows for real-time interaction. See 130 CMR 437.411(C) for MassHealth's face-to-face requirement.

### **MassHealth Website**

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### **Questions**

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

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