



MassHealth
Hospice Bulletin 28
May 2023

TO: Hospice Providers Participating in MassHealth

FROM: Mike Levine, Assistant Secretary for MassHealth

RE: Hospice Services in Conjunction with Day Habilitation Services

Background

By electing the MassHealth hospice benefit, a 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 in accordance with 130 CMR 437.412(B). This section includes any MassHealth services related to the treatment of the terminal illness for which the hospice services were elected. The services include those that are equivalent to or duplicative of hospice services (except those described in 130 CMR 437.412(B)(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 or related conditions, are not equivalent to or duplicative of hospice services, and are provided in accordance with all the requirements in [130 CMR 419.000](#). The hospice provider must coordinate services with the DH provider and must give the DH provider documentation that the DH services are not related to the member's terminal illness or related conditions. Hospice services provided to members must comply with all the requirements in [130 CMR 437.000](#).

Coordination of Services

The hospice provider must initiate the coordination of hospice services with DH services to ensure that the DH services are not related to the member's terminal illness or related conditions and are not equivalent to or duplicative of hospice services. The hospice provider must document in the member's plan of care, as described in 130 CMR 437.423, the member's receipt of DH services and the start date of DH services. The hospice provider must also keep in the member's record the documentation given to the DH provider that the DH services are not related to the member's terminal illness or related conditions and are not duplicative of hospice services, in accordance with [130 CMR 437.000](#).

If the DH provider receives referrals or orders for other 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 whether the service is related to the member's terminal illness. The hospice provider must document any communication from the DH provider in the member's record.

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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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