Commonwealth of Massachusetts Executive Office of Health and Human Services Office of Medicaid

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MassHealth Hospice Bulletin 29 July 2023

TO: Hospice Agencies Participating in MassHealth

FROM: Mike Levine, Assistant Secretary for MassHealth Will Live

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

- Amended

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 issued Hospice Bulletin 27, effective May 12, 2023. This bulletin replaces and supersedes that bulletin.

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, after the FPHE ended on May 11, 2023, continue to be in place.

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 Ended May 11, 2023

Contracted Staff

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

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Expanded Timeframe for Updates to the Comprehensive Assessment

Following the end of the FPHE, MassHealth ended this flexibility expanding the timeframe the hospice provider had to update a member's comprehensive assessment to 21 days. Effective May 12, 2023, MassHealth resumed 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.

Certain Non-core Hospice Service Delivery

Following the end of the FPHE, MassHealth ended this flexibility waiving a hospice provider's responsibility to provide physical therapy, occupational therapy, and speech-language pathology. Effective May 12, 2023, MassHealth resumed 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

Volunteer Services

Following the end of the FPHE, providers will have through the end of calendar year 2023 to resume requirements for volunteer services in accordance with 130 CMR 437.421 (E). Providers must resume use of volunteers at a level of at least 5% of the member care hours provided by all paid hospice employees and contract staff by January 1, 2024. Calculation of cost savings will begin on January 1, 2024, and will not include the time between May 12, 2023, through the end of the year. Calculation of compliance with volunteer service levels must only be based on data for dates of services on or after January 1, 2024.

MassHealth Telehealth Policy for Hospice Services

Effective May 12, 2023, consistent with the federal Consolidated Appropriations Act of 2023, MassHealth continued to cover the face-to-face visit required for members entering their third hospice benefit period when appropriately provided via telehealth through December 31, 2024. 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 (contact info on next page).

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