



**MassHealth**  
**Hospice Provider Bulletin 20**  
**May 2021**

**TO:** Hospice Providers Participating in MassHealth

**FROM:** Daniel Tsai, Assistant Secretary for MassHealth

**RE: Hospice Services in Conjunction with Adult Day Health Services**

### **Background**

Upon electing the MassHealth hospice benefit, a member agrees to receive all MassHealth covered services related to the member's terminal illness from the member's hospice provider. Additionally, the member agrees to waive all rights to MassHealth services in accordance with 130 CMR 437.412(B), which includes services for the treatment of the member's terminal illness and services that are equivalent to or duplicative of hospice services, except for those services described in 130 CMR 437.412(B)(3). The purpose of this bulletin is to clarify MassHealth's policy on the provision of adult day health (ADH) services to members who elect hospice.

MassHealth members who elect hospice may 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 requirements set forth in [130 CMR 404.000](#). The hospice provider must coordinate services with the ADH provider and must provide documentation to the ADH provider that the ADH services are not related to the member's terminal illness. Hospice services provided to members must comply with all requirements set forth in [130 CMR 437.000](#).

### **Coordination of Services**

The hospice provider must initiate the coordination of hospice services with ADH services to ensure that ADH services are not related to the member's terminal illness and 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 437.422, the member's receipt of ADH services and the start date of ADH services. The hospice provider must also maintain in the member's record the documentation provided to the ADH provider that the ADH services are not related to the member's terminal illness, in accordance with 130 CMR 437.425.

If the ADH provider receives referrals or orders for other services for a member who has elected hospice, the ADH provider must obtain authorization from the member or the member's legal representative to immediately contact the hospice provider. The hospice provider will determine next steps, such as whether the service is related to the member's terminal illness. The hospice provider must document any such communication 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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